



Infectious Diseases and Immunisation Procedure

For student placements in the Faculty of Medicine, Dentistry and Health Sciences

As you prepare to undertake your student placement, it is important to understand that there is a risk that infection may occur between you and your patients, clients or other contacts. In the course of your student placement, you might be exposed to potentially serious infectious agents (eg through direct contact with an infectious patient, visitor or colleague or indirectly through a contaminated surface or environment). You might also pose a risk to others if you have an infectious condition that is capable of being transmitted as you perform your duties. These risks cannot be totally eliminated, but the Faculty of Medicine, Dentistry and Health Sciences takes the prevention of infectious disease transmission very seriously and expects that all students will take adequate steps to protect themselves and others from infection.

This document outlines the Faculty's adopted procedure for minimising infection transmission during student placements. It is designed to be read in conjunction with the Student Placements Handbook and has been established in consideration of currently accepted guidelines, including:

- Australian Immunisation Handbook
- Communicable Diseases Network of Australia '*Guidelines for the management of health care workers known to be infected with Blood Borne Viruses*'
- Victorian Department of Health and Human Services '*Vaccination for healthcare workers guidelines*'

The Faculty's adopted procedure for immunisation and infectious disease testing is designed to satisfy the requirements of the majority of student placement providers, however some organisations may require additional immunisations, tests or documentation.

University obligations

The University has a legal obligation to collect information and evidence from students about their current infection and immunisation status and to communicate that information to placement providers so that they may assess each student's suitability for placement with their organisation.

We are also obligated to ensure that all students are aware of the health risks associated with undertaking placement in a health care environment. The final section of this document outlines the risks of not having sufficient immunity to the diseases required by this Infectious Diseases and Immunisation Procedure and provides links to government resources for more information.

The University treats the protection of personal and health information very seriously and will comply at all times with both Commonwealth and State privacy legislation, including adherence to the Australian Privacy Principles. Your information will be stored securely and communicated to placement providers on a "need to know" basis only. For more information about the University's Privacy Policy, you may contact the Privacy Officer:

privacy-officer@unimelb.edu.au

Student obligations

All health care workers (and students) are required to take all reasonable steps to minimise the risk of transmission of infectious diseases. This includes being aware of any current infections and ensuring sufficient personal immunity.

Each student must complete the Infection and Immunisation Declaration annually for the duration of their studies. This declaration must be completed in collaboration with a medical practitioner and be submitted to the University no later than the advised deadline. The Declaration is outlined in detail on page 3 of this document and is available from the Student Placements website: <http://mdhs.unimelb.edu.au/study/current-students/placements>

Students are required to cover all costs associated with satisfying infection and immunisation requirements; including medical consultations, serological testing and administration of vaccines as necessary.

Non-seroconversion

In some cases, students will receive all recommended vaccines and yet not achieve sufficient immunity; this is called non-seroconversion. In these cases, your doctor should manage your situation in accordance with the Australian Immunisation Handbook recommendations, which may include the administration of additional vaccine doses. Where non-seroconversion persists, the doctor should refer you to meet with a specialist Infectious Diseases Physician. The specialist physician must provide you with a **signed statement on letterhead** that outlines their advice in relation to health-care student placements and any recommended risk management strategies before you can commence placement.

The University will communicate this information to your placement provider(s) who will in turn make a determination about whether or not they are willing to accept you for placement based on the health and safety risks. The University will make every effort to source suitable placements, and a staff member from your department will discuss with you further regarding any possible impacts on your studies.

Pregnancy, breastfeeding and other contraindications

Some vaccinations are not recommended for some persons as a result of other health-related factors, including pregnancy or breastfeeding. Your doctor should comply with the recommendations contained in the Australian Immunisation Handbook when handling these situations and must refer you to an Infectious Diseases Physician for specialist advice in relation to any contraindication. The specialist physician must provide you with a **signed statement on letterhead** that outlines their advice in relation to health-care student placements and any recommended risk management strategies before you can commence placement.

If you are temporarily unable to be fully immunised according to the placement provider's requirements, your placements may need to be adjusted or delayed to reduce the risk of infection.

Conscientious objection

The University expects that all students are fully immunised prior to undertaking placement. If you are not fully immunised according to the placement provider's requirements, you may not be permitted to undertake placement. The University will attempt to find you a suitable alternative placement but cannot guarantee that this will be possible in all cases. If sufficient placement is not completed, you may be unable to complete your course. If you conscientiously object to receiving any required vaccinations, you should notify the University by sending an email to:

health-hub@unimelb.edu.au

The Infectious Diseases and Immunisation Declaration

This document outlines the minimum obligations of students in relation to infection prevention and contains three parts that must be completed **annually** in collaboration with your medical practitioner before the advised deadline. Your name and Student ID number must be written where indicated at the top of each page.

Part A: Infection Screening

This part is divided into two sections. The first is a single tick box to indicate that you have been recently tested for blood-borne virus infection, and that you are aware of the process if you discover any current infection. The second section must be completed by your medical practitioner and requires you to undergo annual screening for the presence of tuberculosis. The doctor must indicate on the form the type and date of test completed, and the result of that test. If the results are inconclusive or indicate current infection, you must make an appointment with a specialist Infectious Disease or Respiratory Physician and obtain written clearance to work in a health care environment.

All health care workers (and students) are required to be aware of their current infection status and to take appropriate steps to minimise the risk of transmission to others. Disclosure of current blood-borne virus infection to the University is optional, however the University does encourage voluntary disclosure to senior academics within your School or Department to facilitate support. These senior academics may direct you to the relevant professional bodies for advice on any potential career implications.

Part B: Immunisation Record

This part must be completed by a medical practitioner who is **registered in Australia**. It constitutes a formal statement about your immunisation status regarding a number of transmissible disease.

For each disease, your doctor should obtain and review the evidence required (as listed on the form) and populate the relevant date fields. Where necessary, additional information should be provided in a typed letter (on letterhead).

Where possible, students should aim to satisfy all of the tests and vaccinations contained in Part B, as they represent the minimum requirement for students being accepted for placement with most providers.

In progress vaccinations and incomplete records

In some cases, students will not be able to satisfy all immunisation requirements immediately. As an example, a complete adult course of vaccination against hepatitis B requires three doses over a six-month period. If you've received at least the first dose but have not yet completed the requirements, your doctor can indicate this by ticking the relevant 'in progress' box.

If some requirements have simply not yet been satisfied (eg serological testing for measles immunity has not yet occurred), your doctor can leave this field blank or indicate 'NA'.

If any changes are made to the form after it has been signed, the doctor must initial and date each change. We strongly recommend that a new Part B is completed every time there are changes to your immunisation record.

Part C: Student Declaration

This part details your minimum obligations in relation to infection prevention and how the personal information you provide will be used by the University. You must write your name and Student ID number at the top of the page, read the terms carefully and sign at the bottom to declare your acceptance of them. The terms may change from year to year, so you must resign this document annually.

Supplementary Information

The final page of the Infection and Immunisation Declaration provides a summary of the University's Infectious Diseases and Immunisation Procedure, with key information about the requirements. This information is designed to assist you and your doctor to understand the requirements and ensure that the procedure is followed accurately.

Information about the diseases

The following information has been summarised from the Australian Immunisation Handbook, the Victorian immunisation for healthcare workers guidelines, and the Victoria State Government's Better Health Channel website.

You should seek professional medical advice for further information regarding any of these diseases.

Diphtheria

Diphtheria is a serious bacterial disease that causes severe inflammation of the nose, throat and windpipe (trachea). It is most commonly spread when someone ingests or inhales the cough or sneeze droplets from an infected person. Symptoms occur between two and 10 days following infection, and around 10 per cent of people exposed to diphtheria die from the disease.

The best prevention against diphtheria is immunisation. The Victorian immunisation for healthcare workers guidelines state that a booster dose of dTpa vaccine is recommended if 10 years have elapsed since a previous dose, and this is a requirement of most placement providers.

More information: www.betterhealth.vic.gov.au/health/healthyliving/diphtheria

Hepatitis A

Hepatitis A is a viral disease that affects the liver. People can be infected with hepatitis A if they have direct contact with food, drinks or objects contaminated by the faeces of an infected person. You can fall ill any time between 15 and 50 days after catching the virus, though many infected people show few or no symptoms.

Immunisation is the best protection against hepatitis A infection and is recommended for health and childcare workers. Most of our placement providers require that Nursing students are immunised against hepatitis A, and recommend it for students of all other health disciplines.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-a

Hepatitis B

Hepatitis B is a viral infection that can lead to serious illness or death. You can get hepatitis B from any activity where the blood or body fluids of an infected person enter your own bloodstream. The virus may also be passed from a pregnant mother to her baby. Some people may experience mild, flu-like symptoms and some will show no symptoms at all. Most adults who have hepatitis B recover completely and do not require ongoing treatment, however children with hepatitis B are more likely to develop liver disease or cancer in later life.

Immunisation is the best protection against hepatitis B. For adults, the vaccine is typically given in a 3-dose schedule over a six month period. 1-2 months after the final dose, you must be tested to ensure that immunity has been granted. Many placement providers will accept students who have commenced but not yet completed their course of vaccination, however you should endeavour to complete the course as early as possible to minimise the risk of infection.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-b

Hepatitis C

Hepatitis C is a blood-borne virus that causes inflammation of the liver. It is transferred through blood-to-blood contact. Many people do not feel ill when first infected with hepatitis C, however some people might experience flu-like symptoms or jaundice.

There is currently no vaccine to prevent hepatitis C infection, but treatments are available that can help decrease inflammation of the liver, minimise long-term complications and possibly prevent transmission to others. Students must be tested for hepatitis C infection annually.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-c

Human Immunodeficiency Virus (HIV)

The human immunodeficiency virus weakens the immune system and, if not treated, eventually causes acquired immune deficiency syndrome (AIDS). When the immune system is weakened, a person is more susceptible to various infections and cancers. It is transferred through the sharing of bodily fluids, most commonly by sexual intercourse without a condom.

There is currently no vaccine to prevent HIV infection, nor is there a cure. Treatments and medications are available to help people control the virus and stay healthy for much longer, but they do not work equally as well for everyone and they can have side effects. Students must be tested for HIV infection annually.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/hiv-and-aids

Influenza (Flu)

The flu is a highly contagious viral infection that can cause severe illness and life-threatening complications, including pneumonia. The influenza virus is spread by contact with fluids from coughs and sneezes. Most adults are infectious for up to seven days after becoming sick with the flu, so it is best to avoid contact with other people while you are unwell. It is estimated that the flu contributes to over 3,000 deaths in Australia each year.

The influenza virus has a unique ability to change its surface structure, so annual vaccination against the latest version of the flu is strongly recommended by most placement providers and required by others. Vaccination should occur between March and May each year.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/flu-influenza

Measles

Measles is a highly contagious viral illness that causes a skin rash and fever. It is estimated that a person with measles will infect about 9 in every 10 people they have contact with who do not already have immunity. Measles is most commonly spread when someone swallows or inhales the cough or sneeze droplets from an infected person, but can also occur by coming into contact with contaminated surfaces. Serious and sometimes fatal complications including pneumonia and encephalitis (brain inflammation). Worldwide, measles is the fifth highest cause of illness and death in children.

Immunisation is the best protection against measles. A person who receives the recommended two doses of a measles vaccine has 99 per cent immunity against infection.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/measles

Mumps

Mumps is a viral illness that causes fever and swollen salivary glands. Serious and potentially lethal complications include inflammation of the brain or heart muscle. It is spread from person to person through cough or sneeze droplets and is as contagious as influenza. One in three infected people do not display any symptoms but are still highly contagious.

Immunisation is the best way to prevent mumps and its associated potential complications. It is typically delivered through a combined measles, mumps and rubella vaccine. There is currently no specific medical treatment available to people who have contracted mumps.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/mumps

Pertussis (Whooping Cough)

Pertussis is a serious, contagious, respiratory infection that begins like a cold and then develops a characteristic cough. The 'whoop' (which isn't always obvious) is due to a deep breath at the end of a bout of coughing, which commonly induces vomiting. It is spread by an infected person coughing or sneezing. Whooping cough is particularly dangerous for babies less than six months of age, as they are affected more seriously by the disease and are more likely to develop complications. One in every 200 babies who contract whooping cough will die.

Immunisation is the best way to reduce the risk of whooping cough. It is usually delivered in a vaccine combined with diphtheria and tetanus (for adolescents and adults). The Victorian immunisation for healthcare workers guidelines state that a booster dose of dTpa vaccine is recommended if 10 years have elapsed since a previous dose, and this is a requirement of most placement providers.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/whooping-cough

Poliomyelitis

Poliomyelitis (polio) is a serious disease that is spread through contact with food, water or hands that are contaminated with the faeces or throat secretions of an infected person. Symptoms vary from mild, flu-like symptoms to life-threatening paralysis. Two to five per cent of people who develop paralytic polio will die, and half of those who survive will have permanent paralysis.

Immunisation is the best protection against polio. The three-dose polio vaccine is typically administered to children in combination with vaccines for other infectious diseases.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/polio-and-post-polio-syndrome

Rubella (German Measles)

Rubella is a viral illness that causes a skin rash and joint pain. It is a mild infection for most people and often shows no symptoms, but it can have serious consequences for an unborn baby. If a pregnant woman contracts rubella, her baby is at risk of severe and permanent birth defects or death.

Immunisation is the best way to prevent rubella. Previous infection usually provides lifelong immunity for most people, and a vaccine is available combined with measles and mumps protection.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/rubella

Tetanus (Lockjaw)

Tetanus is a serious bacterial disease that causes muscle spasms and breathing problems. It is a life-threatening disease and sometimes, death will occur even with prompt medical attention. Around 1 in 10 people infected with the bacterium that causes tetanus will die. The bacteria lives in soil, dust and manure, and infection usually occurs when the bacteria enters the body through a break in the skin. Tetanus is not transmitted from person to person.

The best way to reduce the risk of tetanus is by immunisation. It is delivered in a combined vaccine with diphtheria and pertussis protection (for adults and adolescents), which should be delivered every 10 years.

More information: www.betterhealth.vic.gov.au/health/healthyliving/tetanus

Tuberculosis

Tuberculosis (TB) is an infectious disease that targets the lungs and can cause serious illness or death. It is spread through the air by coughing, sneezing, shouting, speaking or singing. Some infected people will not experience any symptoms because their bodies are able to fight off the infection. This is called latent or inactive TB, and is not infectious. Other people may be unable to fight off the bacteria and are said to have active TB. These people will experience symptoms and are infectious. People with latent TB can be prescribed medication to reduce the risk of developing active TB.

Students should undergo screening for tuberculosis by way of a two-step tuberculin (Mantoux) skin test or a QuantiFERON Gold blood test annually.

More information: www.healthdirect.gov.au/tuberculosis

Varicella

Varicella is a highly contagious virus that can cause chickenpox. The main symptom is a blistering skin rash. The virus is spread through coughing and sneezing or from touching the fluid from the blisters on the skin of an infected person. An infected person is contagious for up to five days before the onset of the rash and remains infectious until the blisters form scabs.

People who get chickenpox are at risk of developing shingles later in life, since the virus lies dormant in the body. Shingles is a severe skin rash characterised by pain and blistering which usually occurs on one side of the face or body. Tender, painful skin, tiredness, headache and photophobia may occur 2 to 3 days before the skin turns red and breaks out in tiny fluid-filled blisters.

Immunisation against varicella is available as a vaccine. This is recommended for anyone who has not previously contracted chickenpox.

More information: www.betterhealth.vic.gov.au/health/conditionsandtreatments/chickenpox