

Vaccine-preventable diseases and immunisation programs

This fact sheet provides information about vaccine-preventable diseases, your legal duties and occupational immunisation programs.

There are many serious and life-threatening diseases which can be prevented through vaccination. Diseases such as hepatitis B and Q fever can cause chronic (long lasting) infection with ongoing health problems. Others, such as rubella and chickenpox, can infect infants during their mother's pregnancy.

Many vaccine-preventable diseases are highly contagious and are readily spread. Workers who are infected with vaccine-preventable diseases may in turn transmit infection to other people at the workplace, their families and the wider community.

While vaccination is one of the most effective ways to prevent disease, infection control practices in the workplace, such as hand hygiene, is also important because:

- sometimes disease may not be detected, for example, some vaccine-preventable diseases can cause mild or no signs of illness, or can spread before the onset of illness
- individuals may be exposed to infections in the workplace that are not vaccine-preventable
- individuals may have different levels of immunity (e.g. impaired immune system or not able to respond to vaccination).

Occupations at risk

Certain occupations are associated with an increased risk of exposure to some vaccine-preventable diseases.

Information on vaccinations recommended for occupational groups can found in *The Australian Immunisation Handbook* (published by Australian

Government's Department of Health and Ageing) www.immunise.health.gov.au.

Vaccination and immunisation programs

Occupational immunisation programs

Persons conducting a business or undertaking (PCBUs) should implement an occupational immunisation program if a risk assessment shows that their workers are at risk of acquiring a vaccine-preventable disease.

An occupational immunisation program should:

- include an immunisation policy stating:
 - the workplace's vaccination requirements
 - how vaccine refusal, medical contraindication to vaccination (medical condition which makes vaccination inadvisable) and vaccine failure will be managed
 - how workers will be protected in the period between vaccination and the onset of immunity
 - how the risks to contract and labour hire workers, students, volunteers and others will be managed.
- require at-risk workers to complete an immunisation record on commencing employment, or seek medical advice if they're unsure of their immunity or vaccination history
- identify workers who have not been vaccinated and encourage them to be vaccinated in accordance with the workplace immunisation policy
- provide workers with information about all relevant vaccine-preventable diseases and the availability of vaccination
- ensure that workers have been vaccinated as requested and update each worker's immunisation record following vaccination

- manage vaccine refusal, medical contraindication to vaccination and vaccine failure in accordance with immunisation policy.

Managing vaccination refusal

Where workers refuse vaccination, are unable to be vaccinated for medical reasons or do not respond to vaccination the PCBU should undertake a risk assessment to determine the most appropriate way to protect these workers against infection.

In achieving a safe and healthy workplace, the PCBU could (giving consideration to the way in which particular infectious diseases may spread):

- ensure appropriate work placement and adjustment
- implement work restrictions (e.g. restrict a worker not vaccinated against a specific vaccine-preventable disease from performing at-risk activities, working in at-risk environments or having contact with persons or animals infected with the disease)
- review work practices to ensure safe systems of work
- provide additional information, instruction, training and supervision
- provide personal protective equipment.

In the event of an outbreak of a vaccine-preventable disease at a workplace, it may be necessary to exclude a non-immune worker, or implement appropriate work placement, adjustment or work restrictions to protect the worker and prevent further spread of disease.

Advice about exclusion should be sought from an appropriate source such as Queensland Health.

A doctor can provide post-exposure prophylaxis (a medication to prevent or reduce the severity of a disease) to persons without immunity following exposure to some vaccine-preventable diseases such as hepatitis A and B.

The PCBU should:

- identify whether this type of treatment is available for vaccine-preventable diseases that are a risk at the workplace
- develop procedures, including prompt medical referral, to be followed in the event of an exposure.

Confirming immunity

Most vaccines provide a high level of protection, so confirmation of immunity after vaccination is usually not necessary. However, workers with significant occupational risk of exposure to hepatitis B should have a blood test four to eight weeks after completing their course of vaccination to confirm that they have adequate protection. Workers who fail to respond to hepatitis B vaccination may gain immunity following additional doses of vaccine. Persistent non-responders remain at risk and their risk must be managed.

Who pays for vaccination?

Vaccination costs should be negotiated between the PCBU, workers and their representatives. Vaccine uptake by workers is generally higher where the PCBU provides vaccination at no cost or at subsidised cost.

Studies consistently show that preventing illness through a comprehensive immunisation program is more cost-effective than the costs associated with managing occupational exposures, outbreaks of disease and subsequent disruption of productivity and services.

For more information

Visit www.worksafe.qld.gov.au or call the WHS Infoline on 1300 362 128.

For more information on communicable diseases, contact Queensland Health on 13HEALTH (13 43 25 84) or visit www.health.qld.gov.au