Appendix 1.

Notes for General Practitioners regarding potential student’s compliance with UWA Faculty of Medicine, Dentistry, and Health Sciences Infection Control Policy.

As a condition of entry into courses co-ordinated by the UWA Faculty of Medicine, Dentistry, and Health Sciences (FMDHS) that involve clinical contact, potential students are required to provide evidence of compliance with the Faculty’s Infection Control Policy at the time of enrolment. They are instructed to arrange a review by a General Practitioner (GP), who will assess their previous vaccination records and arrange further serological testing and/or vaccinations as required (see tables below). Serological tests must have been performed in a NATA accredited laboratory.

The guidelines are based upon The Australian Immunisation Handbook (9th Edition, 2008), the Australian National Guidelines for the Management of Healthcare Workers known to be infected with Blood Borne Viruses (Department of Health and Ageing, 2012), and current guidelines and operational directives employed by Western Australian hospitals.

Once the student has complied, a letter stating such is then completed by the GP using the standard proforma. The student has to provide this letter to the faculty before being able to enroll.

Any deviations from the policy requiring clarification e.g. “inadequate measles titre, awaiting second dose of MMR” or “hepatitis B vaccination course not yet completed” should be detailed in the space provided on the letter. Further discussion may be required with the FMDHS Infection control officer, but in most circumstances the student will still be able to enroll.

All information supplied to the Faculty will be handled confidentially, but it is encouraged that the GP communicates directly with the Infection Control Officer (a hospital physician) directly if required. For example, if the student has an underlying medical condition, which precludes the use of live vaccination.

If there are any queries regarding the above guidelines please contact the FMDHS Infection Control Officer (Dr Ben Clark, Tel 0425 838 869 or email ben.clark@uwa.edu.au).
<table>
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<tr>
<th>Infection(s)</th>
<th>Required for Infection Control Policy compliance</th>
<th>Recommended tests</th>
<th>Alternative requirement for Infection Control Policy compliance</th>
<th>Action required if non-compliant</th>
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| Measles, mumps, rubella | Student born prior to 1966 (measles) or Serological evidence of immunity to measles, mumps, and rubella or documented record of full vaccination | Blood tests for: measles IgG, mumps IgG, rubella IgG                                      | Documented evidence of 2 previous MMR vaccinations               | Vaccination with 2 doses of MMR (or MMRV) vaccine, at least 4 weeks apart.  
  See precautions.                                                                         |
|                      | Notes - students born prior to 1966 are presumed to have immunity to these infections but should be offered testing and/or vaccination  
  - If evidence of one prior dose MMR vaccination, the student requires one further dose  
  - No further serological testing is required after a 2 dose vaccination course |                                                                                     |                                                                  |                                                                                               |
| Varicella            | Serological evidence of immunity to varicella, documented record of full vaccination or reliable history of infection | Blood test for varicella IgG (if no or uncertain history of varicella)                 | Reliable history of varicella infection (chickenpox or shingles) | Vaccination with 2 doses of varicella vaccine, at least 4 weeks apart  
  (can be given as MMRV vaccine).  
  See precautions                                                                          |
|                      | Notes - no further serological testing is required after a 2 dose vaccination course                                    |                                                                                     |                                                                  |                                                                                               |
| Pertussis            | Documented evidence of dTpa booster in adulthood or proven pertussis infection                                         | Vaccination record review                                                            | Previously documented pertussis infection                       | Single booster dose of dTpa e.g. Boostrix® (provided no documented dTpa previously given)     |
|                      | Notes - if recent booster vaccination (within 10 years), no requirement for booster dose of dTpa  
  - There is currently NO blood test for pertussis immunity. DO NOT send blood for pertussis serology.  
  - Infection is proven at time of symptoms with positive PCR or throat swab culture.                  |                                                                                     |                                                                  |                                                                                               |
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<th><strong>Hepatitis B</strong></th>
<th>Documented evidence of adequate serological response following 3-dose vaccination course (or 2 dose adolescent schedule)</th>
<th>Blood test for hepatitis B surface antibody (HBsAb) titre</th>
<th>Nil</th>
<th>If HBsAb &lt;10mIU/mL and no/incomplete previous hepatitis B vaccination, student requires completion of 3 dose vaccination course. Otherwise see notes.</th>
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<td>i) HBsAg positive students should be discussed with the Infection Control Officer for further management. <strong>STUDENTS CANNOT PROCEED WITH DENTAL STUDIES IF HEPATITIS B POSITIVE.</strong></td>
<td>i) If a student has commenced a vaccination course at enrollment, they can be considered to have fulfilled the Infection Control requirements BUT this must be recorded on the letter. The Infection Control Officer will follow this up with individual students and ensure the vaccination course is completed and repeat serological testing performed.</td>
<td>i) Those who have previously received a 3-dose primary vaccination course (or 2 dose adolescent course) and have prior documented evidence of HBsAb levels of ≥10 mIU/mL do not require further booster doses.</td>
<td>i) Those who have previously received a 3-dose primary vaccination course (or 2 dose adolescent course) and do NOT have prior documented evidence of HBsAb levels of ≥10 mIU/mL require HBsAb serological testing. If the HBsAb titre is &lt;10 mIU/mL a booster vaccination dose with repeat serological testing 4-8 weeks later is required. If the HBsAb level remains &lt;10 mIU/mL a hepatitis B surface antigen test is required and, if negative, a further 2 vaccinations with repeat serological testing 4-8 weeks following completion.</td>
<td>i) If there is no response to two full vaccination courses the Infection Control Officer should be contacted for further management.</td>
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<td><strong>HIV and hepatitis C virus (medicine, dentistry, nursing, and podiatry students)</strong></td>
<td>Documented serological evidence of HIV and hepatitis C virus (HCV) testing</td>
<td>Blood tests – HIV antibody and hepatitis C antibody testing</td>
<td>Nil</td>
<td>Contact Infection Control Officer (ICO) if HIV positive (see notes). Students with HCV antibody positive result require hepatitis C PCR test (EDTA blood) and discussion with ICO.</td>
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<td>Notes – It is now a recommendation of the Australian Government Department of Health and Ageing that ALL new trainees who embark on training in a health care discipline where they may be required to undertake exposure prone procedures (EPP’s) be tested for blood borne viruses at or before enrollment. This applies to medicine, dentistry, and nursing students.</td>
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<td><strong>Tuberculosis</strong></td>
<td>Documented evidence of Interferon Gamma Release assay (IGRA)</td>
<td>IGRA blood test – e.g. QuantiFERON® -TB Gold</td>
<td>Tuberculin skin test (e.g. Mantoux test)</td>
<td>If IGRA or Mantoux test negative, no action. If positive or indeterminate, discuss with Infection Control Officer</td>
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<td>Notes - most diagnostic laboratories can perform Quantiferon®-TB (check if unsure). If IGRA positive, the student requires review at Anita Clayton Centre but will NOT be prevented from enrolling unless has symptoms suggestive of active pulmonary tuberculosis.</td>
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<td><strong>MRSA</strong> – students who have worked or been a patient in a hospital or residential care facility outside WA in the past 12 months</td>
<td>Negative MRSA swabs</td>
<td>Swabs from anterior nares, throat, and from all broken skin areas.</td>
<td>nil</td>
<td>If positive will require Staphylococcal decolonization treatment and discussion with the Infection control officer</td>
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FMDHS (UWA) Infection Control policy requirements. Appendix for GP’s. Updated April 2013