



THE UNIVERSITY OF  
WESTERN AUSTRALIA

*Achieve International Excellence*

Faculty Admissions Office  
Faculty of Medicine, Dentistry and Health  
Sciences  
35 Stirling Highway  
Crawley WA 6009  
M501

CRICOS Provider Code: 00126G

Infection(s)	Required for Infection Control Policy compliance	Recommended tests	Alternative requirement for Infection Control Policy compliance	Action required if non-compliant
<b>Measles, mumps, rubella</b>	Student born prior to 1966 <u>or</u> Serological evidence of immunity to measles, mumps, and rubella <u>or</u> 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. <b>See precautions.</b>
	Notes - students born prior to 1966 are presumed to have immunity to these infections <u>but</u> 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			
<b>Varicella</b>	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 ( <u>can</u> be given as MMRV vaccine). <b>See precautions</b>
	Notes - no further serological testing is required after a 2 dose vaccination course			
<b>Pertussis</b>	Documented evidence of dTpa booster in adulthood or proven pertussis infection	Vaccination record review	Previous documented pertussis (by PCR or culture).	Single booster dose of dTpa e.g. Boostrix <sup>®</sup> (provided no documented dTpa previously given)
	Notes - if recent booster vaccination (within 10 years), no requirement for booster dose of dTpa			

<b>Hepatitis B</b>	Documented evidence of adequate serological response following 3-dose vaccination course	Blood test for hepatitis B surface antibody (HBsAb) titre	Nil	If HBsAb <10mIU/mL and no/incomplete previous hepatitis B vaccination, student requires completion of 3 dose vaccination course. Otherwise see notes.
	<p>i) HBsAg positive students should be discussed with the Infection Control Officer for further management. <b>STUDENTS CANNOT PROCEED WITH DENTAL STUDIES IF HEPATITIS B POSITIVE.</b></p> <p>ii) 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.</p> <p>iii) Those who have previously received a 3-dose primary vaccination course and have prior documented evidence of HBsAb levels of <math>\geq 10</math> mIU/mL do not require further booster doses.</p> <p>iv) Those who have previously received a 3-dose primary vaccination course and do NOT have prior documented evidence of HBsAb levels of <math>\geq 10</math> 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.</p> <p>v). If there is no response to two full vaccination courses the Infection Control Officer should be contacted for further management.</p>			
<b>HIV and hepatitis C virus (medicine, dentistry, and nursing students)</b>	Documented serological evidence of HIV and hepatitis C virus (HCV) testing	Blood tests – HIV antibody and hepatitis C antibody testing	Nil	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.
	<p>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.</p> <p><b>STUDENTS CANNOT PROCEED WITH DENTAL STUDIES IF HIV, HEPATITIS C (PCR), or HEPATITIS B POSITIVE.</b></p> <p><b>Other students require medical assessment and counseling on career options but will NOT be prevented from enrolling. Please discuss with the Infection Control Officer</b></p>			
<b>Tuberculosis</b>	Documented evidence of Interferon Gamma Release assay (IGRA)	IGRA blood test – e.g. QuantiFERON® -TB Gold	Tuberculin skin test (e.g. Mantoux test)	If IGRA or Mantoux test negative, no action. If positive or indeterminate, discuss with Infection Control Officer
	Notes - most diagnostic laboratories can perform Quantiferon® -TB (check if unsure). If IGRA positive, the student requires review at Anita Clayton Centre but <b>will NOT be prevented from enrolling unless has symptoms suggestive of active pulmonary tuberculosis.</b>			