

Table 2: UQ Occupational Immunisation/Screening Requirements for UQ workers, Prospective Workers, HDR and other Research Students

The exact nature of tasks or work location should be taken into account when initiating immunisation requests to UQ workers, prospective workers, higher degree by research (HDR) and other research students. Medical advice should be sought by the worker or student prior to immunisation especially if pregnant or if any specific medical conditions. It is advisable that all UQ workers and students have completed the current [Australian Immunisation Program Schedule](#) as recommended by the Australian Government Department of Health. The table below includes a list of roles with requirements or recommendations for additional protection from vaccine preventable disease (VPD). It is not an exhaustive list and additional roles may be identified. Further information is available in [UQ PPL 2.60.08 Vaccinations and Immunisation](#), the [UQ Immunisation and disease screening website](#) and the [Australian Immunisation Handbook](#).

Supervisors are responsible [for initiating immunisation requests](#) to their workers. For further assistance or advice please contact your local Work Health and Safety Manager/ Coordinator or immunisation@uq.edu.au.

Immunisations / Screenings Required	Pertussis (dTpa) Vaccination	Measles, Mumps, Rubella	Varicella	Hepatitis B	BBV Screen	TB Screen	Annual Influenza Vaccination	COVID-19 Vaccination	Hepatitis A	Tetanus (dTpa or dTa) Vaccination	Q fever	Rabies	Other
1. Healthcare work or placements in Queensland Health or other clinical facilities or have frequent contact with clients who are immune compromised; have a chronic health condition; are pregnant; are pre-school age; or are elderly. To determine if a role has VPD evidence requirements, supervisors and workers can also refer to the Queensland Health Risk Role Checklist . Workers can complete the UQ Healthcare Worker form with their Registered Medical Practitioner.													
Medical Practitioner	✓	✓	✓	✓†	✓	✓	R	R	R				
Dentistry Practitioner	✓	✓	✓	✓†	✓	✓	R	R	R				
Midwifery Practitioner	✓	✓	✓	✓†	✓	✓	R	R	R				
Nursing Practitioner	✓	✓	✓	✓†	R	✓	R	R	R				
Psychologist	✓	✓	✓	✓		✓	R	R	R				
Physiotherapist	✓	✓	✓	✓		✓	R	R	R				
Occupational Therapist	✓	✓	✓	✓		✓	R	R	R				
Social Worker/Counsellor	✓	✓	✓	✓		✓	R	R	R				
Audiologist	✓	✓	✓	✓		✓	R	R	R				
Dietician	✓	✓	✓	✓		✓	R	R	R				
Human Movements/ Exercise Physiologist	✓	✓	✓	✓		✓	R	R	R				
Pharmacist	✓	✓	✓	✓		✓	R	R	R				

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Phlebotomist	✓	✓	✓	✓		✓	R	R	R				
Normal work location requires regular attendance in a clinical/clinical research area.	✓	✓	✓	R		✓	R	R	R				
Researchers who are regularly in contact with research participants who are immune compromised; have a chronic health condition; are pregnant; are pre-school age; or are elderly	✓	✓	✓	R		✓	R	R	R				
2. Childhood education and care or those in group living environments													
Early childhood education and care worker	R	R	R				R		R				
Education (teaching of children)	R	R	R				R						
Carers of persons with developmental disability	R	R	R	R			R	R	R				
Residents in group living situations (e.g., residential colleges)	R	R	R				R						Men ACWY/ Men B
3. Laboratory workers and students – For laboratory workers interacting with human or zoonotic infectious pathogens, a risk assessment for the pathogen involved must be undertaken to identify if a vaccination is available to protect against disease transmission in the workplace.													
Laboratory worker directly involved with handling human blood, tissue or body fluids				✓†									
Laboratory worker in contact with raw sewerage or human faecal samples									✓	R			

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Laboratory worker handling high risk veterinary specimens or working with Q fever organism (<i>Coxiella burnetii</i>)											✓		
Laboratory/ Biological resources worker in contact with sheep/goats/cattle/wild animals										R	✓		
Laboratory or Field worker in contact with bats, bat tissues, or lyssavirus or rabies virus										R		✓	
Laboratory/ Biological resources worker in contact with rodents										✓			
Laboratory/ Biological resources worker in contact with pigs							R			R			JEV (R)
Laboratory/ Biological resources worker in contact with pig tissue.													JEV (R)
Laboratory/Biological resources worker in contact with poultry							R			R			
Laboratory/ Biological resources worker working with any pathogen that is potentially preventable by immunisation. Includes lab assistants or wash up staff handling waste.	In addition to the diseases included in this table, there may be vaccines for workers who routinely work with specific organisms including Bacillus anthracis, Cholera toxin, Corynebacterium diphtheriae, COVID-19, Influenza viruses, Japanese encephalitis virus, Neisseria meningitidis, Poliovirus, Salmonella typhi, Vaccinia virus (Smallpox) and Yellow fever virus. Other vaccines or screening may be required based on the specific nature of the work being undertaken (e.g. PC3 work), or on specific organisational unit requirements, and should be discussed as part of the induction/ health surveillance process.												
4. Interacting with wastewater, sewerage, or soil													
Field worker/Plumber in contact with wastewater or untreated sewage									R	R			
Sewage Treatment Operators or workers in areas/ tasks where high concentrations of human and/or animal waste/ bi-products exist				R†					✓	✓	R		

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Fieldworker interacting with soils on a regular basis/ Grounds worker/ Gardener										R	R		
Workers irrigating recycled water to pasture and fodder crops for grazing animal consumption									R				
5. Interacting with animals or in agricultural environments													
Veterinary Practitioner							R			✓	✓	R	
Veterinary Technician or Veterinary Nurse							R			✓	✓	R	
Agricultural worker										✓	R		
Animal farms staff that handle various species including cattle, sheep and goats										✓	✓		
Piggery workers and others handling pigs							R			R			JEV (R)
Poultry workers and others handling poultry							R			R			
Environmental science or other worker interacting in areas with wild animals, cattle, sheep or goats on a regular basis or handling non-live animals e.g. taxidermy.										R	R		
6. First Aid Officers													
First Aid Officers				R+			R						

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Security Officers				✓†			R						
7. Mortuary technicians and embalmers													
Mortuary technician, Embalmers, Gross Anatomy Facility (GAF) technician/demonstrator				✓†		✓			R	✓			
8. Work related travel or fieldwork activities													
Workers should seek specialised travel health advice for any travel where there is additional risk of disease. Please refer to PPL 2.30.09 Work Off-Campus and International SOS .													
Workers who live with, or make frequent visits to remote indigenous communities in NT, Qld, SA and WA.									R				
Workers assigned to the outer Torres Strait Islands for a total of 30 days or more during the wet season									R				JEV (R)

See next page for glossary

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Glossary:

✓	Required. Must provide medical evidence of the appropriate vaccination or screening. Please refer to the Immunisation and Disease Screening webpage for information regarding the submission of evidence of immunisations listed in this table; or for the contact details for additional support.
†	If hepatitis B protection is a requirement due to work with human blood, body fluids or tissue, provide a history of dose dates of hepatitis B vaccination (where possible); in conjunction with serology testing to confirm immunity. Serology testing is the minimal requirement.
R	Recommended - may be 'Required' dependent the work type or work location; or a risk assessment. Seek advice from your supervisor, principal advisor, local HSW advisor or Medical Practitioner. Refer to UQ Vaccinations and Immunisation Procedures and Guidelines for further information.
BBV	Blood borne virus (BBV) screening for Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).
COVID-19	UQ staff and students who work in clinical settings are expected to meet the COVID-19 vaccination requirements of the workplace or placement provider at the time of their placement which should align with atagi-recommended-covid-19-vaccine-doses .
dTpa/dT	Diphtheria-tetanus-acellular pertussis or Diphtheria-tetanus vaccination.
Hepatitis A	Workers who have regular contact with untreated sewage should be vaccinated against hepatitis A and have current tetanus vaccination. Hepatitis A vaccination or evidence of immunity is also recommended for the following groups: - healthcare workers who work in remote Aboriginal and Torres Strait Islander communities - healthcare workers who work with Aboriginal and Torres Strait Islander children in the Northern Territory, Queensland, South Australia or Western Australia - Any worker who lives in, or makes frequent visits to remote Aboriginal and Torres Strait Islander communities in the Northern Territory, Queensland, South Australia and Western Australia - other specified healthcare workers in some states or territories - Those working in early childhood education or carers of people with developmental disabilities
Influenza (Flu)	To protect the worker and the patients/ clients, annual influenza vaccination is strongly recommended for healthcare workers (HCW) and may be mandatory for work in some clinical facilities (e.g., aged care). Annual influenza is also strongly recommended for people who work with children in schools and early childhood education and care. Annual vaccination is also strongly recommended for those who frequently interact with pigs and/or poultry.
JEV	Japanese encephalitis virus vaccination. JEV is mostly transmitted by bites from infected mosquito vectors and is maintained in mosquito–water bird or mosquito– water bird–pig cycles. Persons working with infected or potentially infected pigs, pig tissues or fluids may also be at risk if there is potential for contaminated sharps injuries.
Men ACWY	Meningococcal serogroups A, C, W and Y vaccination
Men B	Meningococcal Serogroup B vaccination
Q-fever	In addition to those who work with high-risk animals, in assessing the benefit of vaccination consider the risk of exposure to the below products, and the risk that procedures create an aerosol or droplet risk. High risk veterinary specimens for Q fever include: Tissue samples known to contain <i>C. burnetii</i>

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- Animal birth products, urine, milk and faeces
- Samples that could contain soil and dust from animal holding areas, where procedures create a droplet or aerosol risk. This is because soil and dust from animal holding areas may be contaminated with birth products, urine, milk and faeces.

Additionally, although rare, transcutaneous inoculation is possible. Consider needlestick injury risk in your assessment.

Q fever may be a risk where there is airborne dust if the site has recently been used for livestock grazing or is densely populated with kangaroos or other wildlife. People who mow and slash grass contaminated with animal excreta are at risk. In addition, those exposed to animal manures in fertilisers and soil conditioners should also consider Q fever prevention. Q fever immunity should be mandatory if working with high concentrations of animal waste. E.g., Sewerage treatment operators.

Rabies To protect against Australian bat lyssavirus (ABL), workers may be required to have rabies vaccination if they are working with bats or flying foxes where there is a risk of being bitten or scratched. Rabies vaccination may also be required for those working in overseas countries where rabies vaccination is recommended.

Please refer to the [Immunisation and Disease Screening webpage](#) for further information regarding the submission of evidence of immunisation.