

Table 3.3.7: Recommended vaccinations for persons at increased risk of certain occupationally acquired vaccine-preventable diseases*†

Occupation	Vaccine
Healthcare workers (HCW)	
All HCW Includes all workers and students directly involved in patient care or the handling of human tissues	Hepatitis B Influenza MMR (if non-immune) [‡] Pertussis (dTpa) Varicella (if non-immune)
HCW who work in remote Indigenous communities or with Indigenous children in NT, Qld, SA and WA, and other specified healthcare workers in some jurisdictions	Vaccines listed for 'All HCW', plus hepatitis A
HCW who may be at high risk of exposure to drug-resistant cases of tuberculosis (dependent on state or territory guidelines)	Vaccines listed for 'All HCW', plus consider BCG
Persons who work with children	
All persons working with children, including: <ul style="list-style-type: none"> • staff and students working in early childhood education and care • correctional staff working where infants/children cohabit with mothers • school teachers (including student teachers) • outside school hours carers • child counselling services workers • youth services workers 	Influenza MMR (if non-immune) [‡] Pertussis (dTpa) Varicella (if non-immune)
Staff working in early childhood education and care	Vaccines listed for 'Persons who work with children', plus hepatitis A
Carers	
Carers of persons with developmental disabilities [§]	Hepatitis A Hepatitis B Influenza
Staff of nursing homes and long-term care facilities for persons of any age [§]	Influenza MMR (if non-immune) [‡] Varicella (if non-immune)
Providers of home care to persons at risk of high influenza morbidity	Influenza
Emergency and essential service workers	
Police and emergency workers	Hepatitis B Influenza Tetanus (dT or dTpa)
Armed forces personnel	Hepatitis B Influenza Meningococcal B (MenBV) MMR (if non-immune) [‡] Tetanus (dT or dTpa) Other vaccines relevant to deployment

Source: Australian Technical Advisory Group on Immunisation. *The Australian Immunisation Handbook*. 10th ed (2015 update). Canberra: Australian Government Department of Health; 2015.
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Table 3.3.7 (continued)

Occupation	Vaccine
Staff of correctional facilities	Hepatitis B Influenza MMR (if non-immune) [‡] Tetanus (dT or dTpa)
Staff of detention and immigration centres	Hepatitis B Influenza MMR (if non-immune) [‡] Tetanus (dT or dTpa)
Laboratory personnel	
Laboratory personnel handling veterinary specimens or working with Q fever organism (<i>Coxiella burnetii</i>)	Q fever
Laboratory personnel handling either bat tissues or lyssaviruses (including rabies virus and Australian bat lyssavirus)	Rabies
Laboratory personnel routinely working with these organisms: <i>Bacillus anthracis</i> Vaccinia poxviruses Poliomyelitis virus <i>Salmonella enterica</i> subspecies <i>enterica</i> serovar Typhi (<i>S. Typhi</i>) Yellow fever virus <i>Neisseria meningitidis</i> Japanese encephalitis virus	Anthrax [¶] Smallpox [¶] Poliomyelitis (IPV) Typhoid Yellow fever Quadrivalent meningococcal conjugate vaccine (4vMenCV) [#] Meningococcal B (MenBV) Japanese encephalitis
Persons who work with specific communities	
Workers who live with, or make frequent visits to, remote Indigenous communities in NT, Qld, SA and WA	Hepatitis A
Workers assigned to the outer Torres Strait Islands for a total of 30 days or more during the wet season	Japanese encephalitis
Persons who work with animals	
Veterinarians, veterinary students, veterinary nurses**	Influenza Q fever Rabies
Agricultural college staff and students (aged >15 years) exposed to high-risk animals**	Q fever
Abattoir workers and contract workers in abattoirs (excluding pig abattoirs) Livestock transporters Sheep shearers and cattle, sheep and dairy farmers Those culling or processing kangaroos or camels Tanning and hide workers Goat farmers Livestock saleyard workers Those handling animal products of conception	Q fever
Wildlife and zoo workers who have contact with at-risk animals, including kangaroos and bandicoots	Q fever

Table 3.3.7 (continued)

Occupation	Vaccine
Persons who come into regular contact with bats (both 'flying foxes' and microbats), bat handlers, bat scientists, wildlife officers, zoo curators	Rabies
Poultry workers and others handling poultry, including those who may be involved in culling during an outbreak of avian influenza, and swine industry workers	Influenza
Other persons exposed to human tissue, blood, body fluids or sewage	
Embalmers	Hepatitis B
Workers who perform skin penetration procedures (e.g. tattooists, body-piercers)	Hepatitis B
Funeral workers and other workers who have regular contact with human tissue, blood or body fluids and/or used needles or syringes	Hepatitis B
Plumbers or other workers in regular contact with untreated sewage	Hepatitis A Tetanus (dT or dTpa)

* Work activities, rather than job title, should be considered on an individual basis to ensure an appropriate level of protection is afforded to each worker. In addition to providing protection against certain vaccine-preventable diseases that persons in these occupations may be at increased risk of acquiring, vaccination may also reduce the risk of transmission of diseases to others with whom these persons are in contact.

† In addition to the vaccines specific to a person's occupation and work-related activities recommended here, all adults should be up to date with routinely recommended vaccines, such as dT-containing and MMR vaccines (refer also to Table 2.1.12 in 2.1.5 *Catch-up*).

‡ All adults born during or since 1966 should have evidence of either receiving 2 doses of MMR vaccine or having immunity to measles, mumps and rubella. Adults born before 1966 are considered to be immune due to extensive measles, mumps and rubella circulating widely in the community during this period of time (refer to 4.9 *Measles*).

§ Carers of infants <6 months of age should be vaccinated against pertussis using dTpa (refer to 4.12 *Pertussis*).

¶ Persons with a repeated risk of exposure to, or working with large quantities or concentrations of, *Bacillus anthracis* or Vaccinia cultures. For information regarding anthrax or smallpox vaccination, contact the Office of Health Protection in the Australian Government Department of Health and Ageing, Canberra.

4vMenPV can be used if the risk of exposure is not expected to be ongoing and the need for repeat doses is not anticipated (refer to 4.10 *Meningococcal disease*).

** Vaccines required in these occupations may depend on the animals with which the person comes in contact.