

Speech Science Immunisation Programme

Clinical teaching placements for the Speech Science programmes require that the students complete the same infectious disease screening procedures as qualified speech language therapists working for District Health Boards. The purpose of this screening/immunisation procedure is to minimise the risk of infectious disease transmission between staff, students and patients, specifically those involved in direct patient contact.

The screening procedure requires:

Screening for: Measles, mumps, rubella, chicken pox, tuberculosis and hepatitis B & C and Methicillin Resistance Staphylococcus Aureus (MRSA). The implication for anyone undertaking the Speech Science programme is that immunisations are no longer considered voluntary as they were in the past, but are compulsory in order to do clinics.

Process:

Contact your local General Practitioner as soon as possible for advice on how to organise and prepare for your immunisation screening programme. S/he will also need to sign-off your test results. (I have recommended using your GP rather than the University of Auckland Student Health Centre as the Student Health Centre will not be open in enough time to facilitate completion of the screening & immunisation process prior to the start of the semester.)

If you are intending to travel over the holiday period please inform your GP as this may have implications for the timing of your screening programme. The immunisation process must be completed prior to the start of the programme to enable involvement in the clinical aspects of the Speech Science programme. The only exception to this is the immunisation against hepatitis B (if required) as it requires a course of 3 injections over a 3-6 month period.

Please be aware that there will be a charge for testing and for any immunisations that are required. If you have a community services card (CSC) please bring it with when you go for your immunisation screening programme. Application forms for CSCs are available from WINZ. These take a couple of weeks for WINZ to process so if you need one please apply well in advance. Students are responsible for all costs related to their immunisation testing/screening and related to any immunisations needed.

It is likely that you will be asked to ensure you have something to eat or drink before having any blood tests carried out.

You will also be advised of any risks associated with immunisation, for example, pregnancy should be avoided for the first three months after MMR vaccination.

University Health & Counselling Service

City Campus
Level 3, Student Commons Building
Tel.: 923-7681

Grafton Campus
85 Park Rd
Tel.: 9236962

University Health & Counselling Service offers Immunisation Programme as a service to the students, informing them of their results and providing a certificate (Immunisation Status Report – ISR) to keep and use at those points of their training and career when they are asked to verify this information. This is students' responsibility to provide this documentation to the School.

The current screening is for Immunisation/Infection status of Hepatitis B & C, Measles, Mumps, Rubella and Varicella Pertussis and Tuberculosis (TB). If results confirm that a student is

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infected/carrier with/of Hepatitis B, C or TB the student is offered a treatment/management pathway and are informed as necessary to bring this information to the attention of the clinical co-ordinator of their course. Each student is individually contacted with details on how to meet the Immunisation Status Report requirements.

The service is provided to students who choose to enrol with UHCS as their Health Provider. Each student is responsible for blood testing and vaccination costs.

The Medical Officer in charge of the Immunisation Programme at Grafton is Dr Stephanie Crerar (ext. 89086).

Infectious diseases targeted by our Immunisation Screening Programme Measles, Mumps, Varicella Zoster

Measles, mumps and varicella have continued to cause epidemics of disease in New Zealand. While most adults will have acquired immunity to disease by vaccination or natural infection, all students should be tested for immunity to measles, mumps and varicella zoster; and those who are not immune should receive a single injection of MMR (measles, mumps, rubella) vaccine and should be vaccinated for varicella. Risk: These diseases may be passed on when asymptomatic or in the prodromal phase to patients that are immunocompromised and not protected. I.e. transplant wards, paediatric oncology, etc.

Rubella (German measles)

Because rubella is frequently a trivial illness in adults, medical students and other health workers may unwittingly acquire that infection, continue working while infectious, and transmit the infection to their patients. This poses a particular risk for women in the early stages of pregnancy in whom infection is associated with a high rate of foetal malformation. It is possible that students who are not known to be immune to rubella may be excluded from contact with such patients.

All students, *male and female*, should be tested for immunity to rubella and those who are not immune should receive a single injection of MMR (measles, mumps, and rubella) vaccine.

Hepatitis B

Hepatitis B infection is common in Maori, Pacific Island and Southeast Asian people living in New Zealand. It is very easily transmitted in blood (or other secretions) from an infected person to a susceptible person.

Hepatitis B vaccination with a course of three injections over a period of three to six months is required for all students who do not have evidence of prior hepatitis B infections or vaccination. The only way to tell if you have previously been infected with hepatitis B is by a blood test. This test will indicate whether you have:

- a) never been infected with hepatitis B and never been vaccinated against hepatitis B. You should be susceptible to hepatitis B infection. (Your blood would be hepatitis B surface antigen (HBsAg) negative) and hepatitis B surface antibody (HBsAb) negative.
- (b) been infected with hepatitis B and eliminated the infection or been successfully vaccinated against hepatitis B. You should be immune to hepatitis B infection (Your blood would be HBsAg negative and HBsAb positive).

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- (c) been infected with hepatitis B and failed to eliminate the infection. You would have hepatitis B infection and could transmit this infection to others. (Your blood would be HBsAg positive and HBsAb negative).

If you have a blood test and it indicates that you are infected with hepatitis B (i.e. HBsAg positive) you will need advice about precautions to prevent transmission of this infection to your patients.

Hepatitis C antibody

If screening results are negative for hepatitis C antibody then no further action is required. If screening results are positive for hepatitis C antibody then your GP will need to refer you to a hepatologist for discussion re: management. If further testing (HCV RNA) confirms HCV infection refer to Assistant Dean (Student Affairs) for referral for career advice.

Tuberculosis

Tuberculosis (TB) is an uncommon disease in New Zealand. However, many medical students and other health workers will be exposed to infected patients and thus be placed at a significant risk of developing tuberculosis.

The new Quantiferon Gold test is the preferred means of testing for tuberculosis as it provides more accurate results than the Mantoux test. It is also more convenient than the Mantoux test; a single blood test rather than a two-step Mantoux test. Student may also be asked to complete a questionnaire for TB risk assessment of health care students such as the Auckland Regional Public Health Service questionnaire: <http://www.arphs.govt.nz/notifiable/tb.asp>.

Students who have a positive Quantiferon Gold test should be followed up with appropriate tests, which may include chest X-ray, sputum microscopy and culture.

CG is a live attenuated (weakened) strain of mycobacterium bovis. It is closely related to mycobacterium tuberculosis – the usual cause of tuberculosis. BCG vaccination can reduce the risk of developing tuberculosis but the benefit is greatest in infants who are at a high risk of infection (especially those living in poor countries with a high prevalence of TB). BCG vaccination of adults provides only modest protection against tuberculosis – some studies have even suggested that the vaccine may increase risk of tuberculosis.

Methicillin Resistant Staphylococcus Aureus (MRSA) Carrier Status MRSA isolations are no longer uncommon in Auckland hospitals and hospitals in other areas wish to minimise the risk of transfer by medical staff and students. Given what we know about MRSA and the importance of good hand washing, a paper test is now required (see attached). Further testing using a swab will only be required if indicated on completion of the paper test.

If you request MRSA swab without undergoing the paper screening first, you may be charged \$27 per swab processing fee by the laboratory.

Pertussis

This is required for all students who will be working on paediatric wards in the hospital. There is no reliable test for Pertussis immunity so evidence of vaccination less than 4 years ago is required.

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Other immunisations that should be considered:

- Immunisation for Meningococcal C **is recommended but not required**. This is because there seems to be an increased rate of Meningococcal C disease in young people living in hostel accommodation or other crowded environments and so this is potentially applicable to all students, not especially to those engaged in health care studies.
- Immunisation for Seasonal Flu **is recommended but not required**. It is recommended annually to protect students, patients and reduce community spread.
- Immunisation for Diphtheria, Polio, Tetanus and Pertussis **is recommended but not required**. Most students will have completed vaccination in childhood. Booster recommended around age 20.
- Immunisation for HPV (**human papillomavirus**) **is recommended for female students but not required**. Many students will already have completed vaccination.