



**ACT**  
Government  
Health

# ACT IMMUNISATION REQUIREMENTS

for entry into school,  
preschool and childcare  
2016



**Parent Guide**

# ACT IMMUNISATION REQUIREMENTS

## PARENT GUIDE

for entry into primary school,  
preschool and childcare  
2016

Australian Capital Territory Government

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## WHAT ARE THE ACT IMMUNISATION REQUIREMENTS?

The ACT *Public Health Regulations (2000)* were developed to help control the spread of vaccine preventable and other communicable diseases in primary schools, preschools and childcare centres.

At the time of enrolment into childcare, preschool or primary school, the ACT *Public Health Regulations (2000)* requires parents to provide 2 copies of their child's immunisation history to the school or child care director.

This information will help identify those children most vulnerable to vaccine preventable diseases and will assist health authorities in protecting all children in the event of a vaccine preventable disease occurrence in a school, preschool or child care setting.

If a situation occurs where a child in one of these settings has a vaccine preventable disease, the childcare centre coordinator or teacher must be able to quickly access immunisation histories and determine who has not been immunised. If there is a case of a vaccine preventable disease, and your child has not been fully immunised for that disease, they may be excluded from school or childcare for a period of time.

## WHAT IS AN IMMUNISATION RECORD?

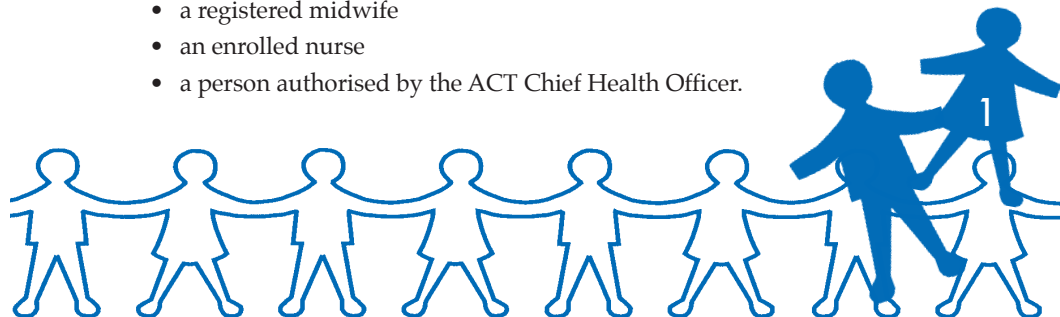
An immunisation history is a written record of the immunisations that your child has received and the date that they received them.

Valid immunisation histories are either:

- A signed and dated Immunisation Record (known as the "Blue Book" in the ACT)
- An Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR)

You cannot provide an immunisation history that has been completed by yourself. If you are providing the original or transcribed immunisation history (other than an ACIR history), it must be dated and signed by:

- a medical practitioner
- a registered nurse (e.g. Child Health Nurse, Practice Nurse)
- a registered midwife
- an enrolled nurse
- a person authorised by the ACT Chief Health Officer.



## WHERE DO I FIND MY CHILD'S IMMUNISATION HISTORY?

The Australian Childhood Immunisation Register (ACIR) collects immunisation records for children up until their seventh birthday. You can obtain an ACIR Immunisation History Statement for your child by calling 1800 653 809.

The original immunisation record is usually kept in the personal health record book (the "Blue Book"). These books are usually given to parents at the time of their child's birth.

You should take your child's personal health record book with you to all immunisation appointments so that your child's immunisation history can be updated.

## WHAT IF MY CHILD'S IMMUNISATION RECORD IS FROM INTERSTATE?

Immunisation histories from other states or territories within Australia are also acceptable and may be given directly to the primary school, preschool or childcare centre.

The Australian Childhood Immunisation Register (ACIR) is a national register that collects information on vaccinations given to children up until their seventh birthday and continues to maintain this data after this age. You can obtain an ACIR Immunisation History Statement for your child by calling ACIR on 1800 653 809.

The schedule and the brand of vaccine used may vary between different States and Territories. Please check with ACIR to verify that your children's immunisations are up to date.

## WHAT IF MY CHILD'S IMMUNISATION RECORD IS FROM OVERSEAS?

Overseas immunisation schedules often differ from the Australian National Immunisation Program (NIP) and your child may require extra vaccinations to be up to date with the Australian schedule.

If your child is under seven years of age and was immunised overseas, you will need to have your child's overseas immunisation history transcribed onto the Australian Childhood Immunisation Register (ACIR).



A medical practitioner, registered nurse, registered midwife, enrolled nurse, or a person authorised by the ACT Chief Health Officer may transcribe overseas immunisation histories.

Once your child's overseas immunisation history has been transcribed, you can obtain an ACIR Immunisation History Statement by calling ACIR on 1800 653 809. A copy of your child's ACIR Immunisation History Statement can then be provided to the primary school, preschool or childcare centre.

For more information about having your child's overseas immunisation record transcribed please speak to your doctor, practice nurse, child health nurse or call the Immunisation Information Line on 6205 2300.

### WHAT IF I DON'T PROVIDE AN IMMUNISATION HISTORY FOR MY CHILD?

If you do not provide your child's immunisation history then your child will be recorded as being not fully immunised by the primary school, preschool or childcare centre.

If there is a case of a vaccine preventable disease at the school or childcare centre, your child may be excluded from school or childcare for a period of time or until the evidence of immunisation, in an approved record, is provided, or until the risk to your child has passed.

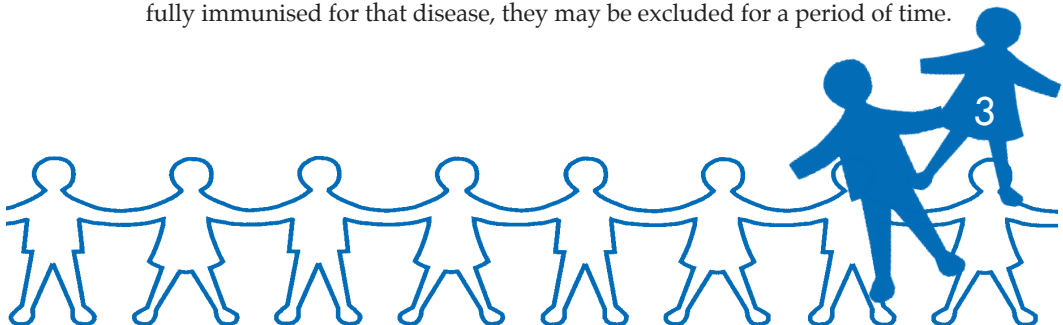
If you cannot provide an immunisation history for your child you may provide a statutory declaration stating either that your child has been immunised or that you don't know if your child has been immunised for each disease under the National Immunisation Program (NIP).

Please call the Immunisation Information Line on 6205 2300 for further information.

### DOES THIS MEAN MY CHILD HAS TO BE IMMUNISED?

No.

Immunisation is not compulsory. However, if there is a case of a vaccine preventable disease at the school or childcare, and your child has not been fully immunised for that disease, they may be excluded for a period of time.



If your child has a medical condition which prevents them from being immunised you will need to complete a 'medical contraindication' form, have this witnessed and signed by your GP, submit it to ACIR and provide a letter to the school or childcare. This form can be obtained by calling ACIR on 1800 653 809 or it can be downloaded from: [www.medicareaustralia.gov.au/providers/forms/acir.htm](http://www.medicareaustralia.gov.au/providers/forms/acir.htm).

If you have a personal objection to having your child immunised you should provide a letter to the school or childcare stating this.

## IS HOMEOPATHIC "IMMUNISATION" RECOGNISED?

No.

Homeopathic "immunisation" has not been shown to work as an alternative to conventional immunisation in preventing vaccine preventable diseases. Only conventional immunisation produces measurable immune responses against vaccine preventable diseases. The National Health and Medical Research Council consider a homeopathically "immunised" child to be not immunised.

The Australian Register of Homeopaths state "Homoeoprophylaxis should not be recommended as a substitute for immunisation" (The Australian Register of Homoeopaths: Homoeoprophylaxis Statement v1.2 August 2010)

Homeopathic substances may be used in conjunction with conventional immunisation if desired, but not as an alternative.

## WHERE CAN I GO TO HAVE MY CHILD IMMUNISED?

Childhood immunisations can be administered in general practice by your Doctor or practice nurse. Please phone your practice to make an appointment.

The Women, Youth & Children Division – Community Health Programs also run Maternal and Child Health (MACH) immunisation clinics for children under 5 years of age. To make an appointment at your closest MACH clinic, call the Community Health Intake (CHI) line on 6207 9977.



## WHAT IMMUNISATIONS SHOULD MY CHILD HAVE RECEIVED?

To be fully immunised for primary school, preschool or childcare your child needs to have received all vaccines recommended for their age as part of the NIP. The vaccinations recommended on the NIP at the time of printing this booklet are listed in Table 1.

As there are changes made to the NIP from time to time, you are encouraged to speak with your immunisation provider, call the Immunisation Information Line on 6205 2300 or visit [www.immunise.health.gov.au](http://www.immunise.health.gov.au) for the most up to date information about the recommended schedule.

TABLE 1. NATIONAL CHILDHOOD IMMUNISATION PROGRAM FROM 1 JULY 2013

Age	Disease
Birth	Hepatitis B
2 months (can be given from 6 weeks)	Diphtheria, Tetanus, Pertussis (Whooping Cough), Poliomyelitis, <i>Haemophilus influenzae</i> Type b (Hib), Hepatitis B, Pneumococcal <sup>1</sup> and Rotavirus
4 months	Diphtheria, Tetanus, Pertussis (Whooping Cough), Poliomyelitis, <i>Haemophilus influenzae</i> Type b (Hib), Hepatitis B, Pneumococcal <sup>1</sup> and Rotavirus
6 months	Diphtheria, Tetanus, Pertussis (Whooping Cough), Poliomyelitis, <i>Haemophilus influenzae</i> Type b (Hib), Hepatitis B and Pneumococcal <sup>1</sup>
12 months	Measles, Mumps and Rubella; <i>Haemophilus influenzae</i> Type b (Hib), Meningococcal C
18 months	Measles, Mumps, Rubella, and Varicella (chickenpox) (MMRV)
4 years (can be given from 3½ years)	Diphtheria, Tetanus, Pertussis (Whooping Cough) and Poliomyelitis Meales, Mumps and Rubella (MMR) (to be given only if MMRV vaccine was not previously given)

### <sup>1</sup> Pneumococcal

Children who are considered high risk for pneumococcal disease require additional doses of pneumococcal vaccine. Your immunisation provider or the Immunisation Unit can provide advice on which factors are deemed high risk for this disease. There is no catch-up for pneumococcal vaccine after 2 years of age.

### Note

Prior to 1 July 2013 only Varicella was given at 18 months and the second MMR was given at 4 years of age. Children born before 1 January 2012 will need to have MMR at 4 years of age.





## WHAT SHOULD I DO WITH THE ACT HEALTH IMMUNISATION RECORD (THE BLUE BOOK) WHEN IT IS COMPLETED?

The ACT Health Immunisation Record should stay intact until your child reaches primary school. Do not remove any of the duplicate pages until this time.

Parents need to provide the childcare centre, preschool or school with two copies of either:

- their child's original immunisation record

or

- the ACIR Immunisation History statement

One copy is kept by the childcare centre or preschool and the second copy is forwarded to ACT Health by the childcare centre or preschool.

## WILL MY CHILD HAVE TO STAY AT HOME IF THERE IS A CASE OF A VACCINE PREVENTABLE DISEASE AT THE SCHOOL OR CHILDCARE?

If there is a case of vaccine preventable disease at your child's primary school, preschool or childcare and your child has not been fully immunised for that disease, they may be excluded from school or childcare for a period of time.

This is for your child's own protection and also to stop any further spread of the disease.

If your child is fully immunised and the school or childcare centre has been provided with a copy of their immunisation record then your child should not be excluded.



## WHAT SHOULD I DO IF MY CHILD COMES INTO CONTACT WITH A PERSON WITH A VACCINE PREVENTABLE OR INFECTIOUS DISEASE WHO DOES NOT ATTEND THE SCHOOL OR CHILDCARE?

If your child is not fully immunised and has been in contact with someone with a vaccine preventable disease outside of the school or childcare community they may need to be excluded from school or childcare for a period of time.

You should seek medical advice and inform the school principal or childcare coordinator that your child has come into contact with someone with a vaccine preventable or infectious disease.

## WHAT SHOULD I DO IF MY CHILD HAS BEEN DIAGNOSED WITH A VACCINE PREVENTABLE OR INFECTIOUS DISEASE?

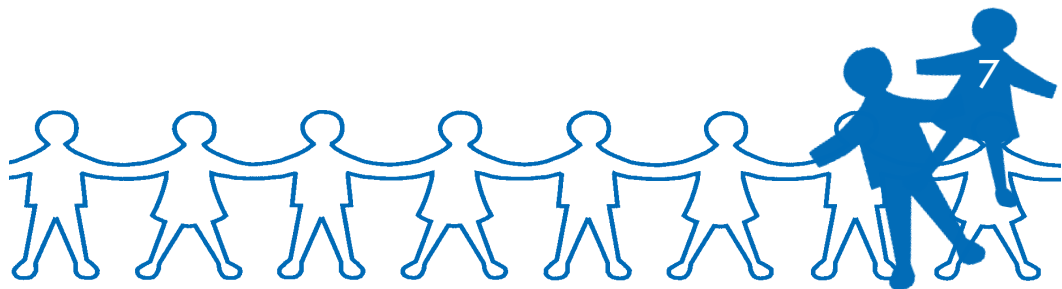
If your child has been diagnosed with a vaccine preventable or infectious disease they may need to be excluded from school or childcare for a period of time regardless of whether they are immunised or not.

You must inform the school principal or childcare coordinator as soon as possible so the school can take any necessary action to protect other children.

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering weeping sores, not sharing food or drinks and not attending school when ill or suffering from diarrhoea are important means of limiting the transmission of a number of common infectious conditions.

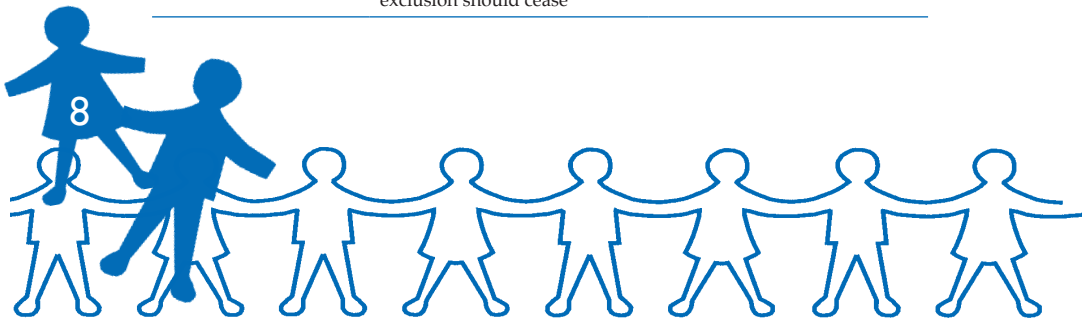
For more information about vaccine preventable or infectious diseases and exclusion periods please see Table 2 of this booklet or contact the Communicable Disease Control Surveillance Unit on 6205 2155.

The ACT *Public Health Regulations 2000* require children with the following conditions or children who have been in contact with the following conditions, to be excluded from childcare, preschool or primary school for the periods specified in Table 2.

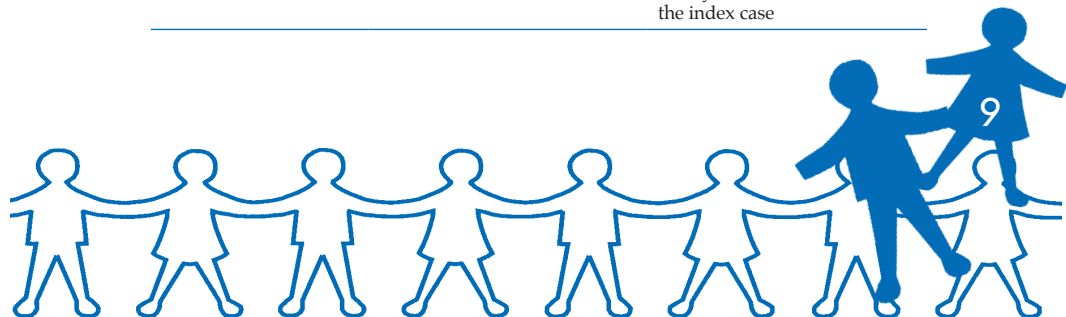


**TABLE 2 PERIODS OF EXCLUSION FROM SCHOOL FOR CHILDREN WITH INFECTIOUS CONDITIONS**

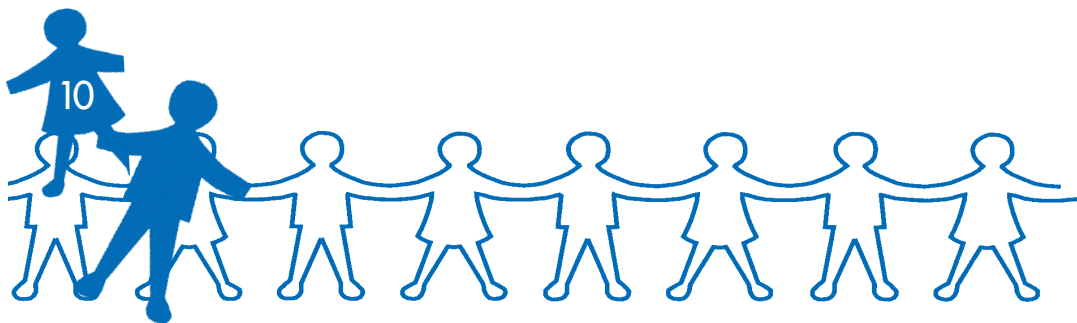
<i>Condition</i>	<i>Exclusion of person with condition</i>	<i>Exclusion of persons in contact with condition</i>
Amoebiasis (entamoeba histolytica)	Exclude until diarrhoea ceases	Not excluded
*Campylobacteriosis	Exclude until diarrhoea ceases	Not excluded
*Chicken pox or Shingles (varicella zoster)	Exclude for at least 5 days after rash first appears AND all blisters are dry AND the person is systemically well.	Any child with an immune deficiency (e.g. leukaemia) or as a result of receiving chemotherapy should be excluded for their own protection, otherwise not excluded.
Conjunctivitis (acute infectious)	Exclude until discharge from eyes ceases	Not excluded
*Cryptosporidiosis	Exclude until diarrhoea ceases	Not excluded
Diarrhoea	Exclude until diarrhoea ceases	Not excluded
*#Diphtheria	Exclude until— (a) at least 2 negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later), and (b) a certificate is provided by a doctor recommending that the exclusion should cease	Exclude family and household contacts until approval to return has been given by the Chief Health Officer
Giardiasis	Exclude until diarrhoea ceases	Not excluded
*#Haemophilus influenzae type b (Hib)	Exclude until a certificate is provided by a doctor recommending that the exclusion should cease	Not excluded
Hand, Foot and Mouth	Exclude until all blisters have dried	Not excluded
*Hepatitis A	Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a medical practitioner recommending that the exclusion should cease	Not excluded



<i>Condition</i>	<i>Exclusion of person with condition</i>	<i>Exclusion of persons in contact with condition</i>
Herpes (cold sores)	Exclude young children unable to comply with good hygiene practices while the lesion is weeping. Lesion to be covered by a dressing in all cases, if possible	Not excluded
Impetigo (school sores)	Exclude until appropriate treatment has begun and sores on exposed surfaces are covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded
*Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
*#Measles	Exclude for at least 4 days after the rash appears and until fully recovered	(a) Immunised contacts not excluded. (b) Exclude non- immunised contacts until 14 days after the first day of appearance of the rash in the last case. (c) Non-immunised contacts immunised with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised. (d) Non-immunised contacts who are given normal human immunoglobulin (NHIG) within 7 days after their first contact with the index case are not excluded after being given NHIG
Meningitis (bacterial)	Exclude until well	Not excluded
*Meningococcal infection	Exclude until well and adequate carrier eradication therapy has been completed	(a) Not excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer. (b) Otherwise, excluded until 10 days after last contact with the index case



<i>Condition</i>	<i>Exclusion of person with condition</i>	<i>Exclusion of persons in contact with condition</i>
*#Mumps	Exclude for 9 days after onset of symptoms, or until parotid swelling goes down (whichever is sooner)	Not excluded
*#Poliomyelitis	Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a medical practitioner recommending that the exclusion should cease	Not excluded
Ringworm, scabies, pediculosis (lice) trachoma	Exclude until the day after effective treatment has commenced	Not excluded
Rotavirus	Exclude until diarrhoea ceases	Not excluded
*#Rubella (German measles)	Exclude for 4 days after the appearance of the rash and until fully recovered	Not excluded Female staff of child-bearing age should ensure that their immune status against rubella is adequate
*Salmonellosis	Exclude until diarrhoea ceases	Not excluded
*Shigellosis	Exclude until diarrhoea ceases	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and they feel well	Not excluded
*Tuberculosis	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
*Typhoid and paratyphoid fever	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease	(a) Not excluded unless the Chief Health Officer notifies the person in charge of the school. (b) If the Chief Health Officer gives notice, exclusion is subject to the conditions in the notice



<i>Condition</i>	<i>Exclusion of person with condition</i>	<i>Exclusion of persons in contact with condition</i>
*#Whooping cough (pertussis)	Exclude for 21 days from start of cough, or for 5 days after starting a course of antibiotics recommended by the Chief Health Officer	Exclude non-immunised household, home based child care and close child care contacts under 7 years old for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the Chief Health Officer (whichever is sooner)
Worms (intestinal)	Exclude until diarrhoea ceases	Not excluded

A parent or guardian of a child with a listed exclusion condition, or a child who has been in contact with a listed exclusion condition, is required to notify the school principal or principle carer as soon as possible.

\* These conditions must be notified by medical practitioners to the Chief Health Officer.

# These conditions must be notified by the School Principal or principle carer to the Chief Health Officer.

## WHERE DO I GO FOR MORE INFORMATION?

ACT Health Directorate, Health Protection Service,  
Communicable Disease Control (CDC).

CDC Immunisation Unit: 6205 2300

CDC Surveillance Unit: 6205 2155

Community Health Intake (CHI)  
for MACH clinic appointments: 6207 9977

Australian Childhood  
Immunisation Register (ACIR): 1800 653 809

Useful websites for further information on immunisation and vaccine preventable disease.

[www.immunise.health.gov.au](http://www.immunise.health.gov.au)

[www.health.act.gov.au](http://www.health.act.gov.au)

[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

[www.ncirs.usyd.edu.au](http://www.ncirs.usyd.edu.au)

