

By signing this form, the health care professional confirms that, to the best of his or her belief, the patient has read the Personal Details and Consent Form for Registration, and understands the nature and effect of signing the form.

Employer Name		Medical Centre/Provider	
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EMPLOYEE/PATIENT DETAILS				PLEASE PRINT CLEARLY	
Legal Name <i>as shown on birth certificate or passport</i>	Given Name		Middle Name(s)		Family Name
Gender Identity	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Date of Birth <i>day / month / year</i>	/ /
Email					
Mobile			Telephone (landline)	(0)	

BLOOD TEST			SKIN TEST		
Venepuncture Date	/ /		Date Administered	/ /	
Pathology Service			Administered By		
			Batch No		
			Batch Expiry Date	/ /	
Pathology Serial No			Diameter of Induration		
Blood Test Results	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate		Skin Test Result	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	
Results interpreted by			Results interpreted by		
Results date read	/ /		Results date read	/ /	
Provider No			Provider No		
Comment					

VACCINATION DETAILS			
	Complete (0.5ml)	Split Part 1 (0.1ml)	Split Part 2 (0.4ml)
Date Given	/ /	/ /	/ /
Batch No			
Expiry Date	/ /	/ /	/ /
Vaccinator			
Provider No			
Signature			

Any post-vaccination adverse effects should be reported to Seqirus Medical Information on 1800 642 865

NO VACCINATION <i>please select reason (✓)</i>	
<input type="checkbox"/> Tested positive (blood or skin)	<input type="checkbox"/> Medically contra-indicated
<input type="checkbox"/> Historic exposure (see below)	<input type="checkbox"/> Employee refused

HISTORIC EXPOSURE			
I have reviewed this patient's case & believe s/he is likely to be immune to Q Fever because of prior vaccination or exposure despite returning negative or equivocal test results. I recommend this patient be registered and issued a Q Fever status report under the category <i>Historic Exposure</i> .			
Provider No		Year vaccinated/exposed	/ /
Doctor's Signature		Patient's Signature	

SUMMARY <i>please select patient status (✓)</i>	
Q FEVER IMMUNE STATUS	EXPLANATION
<input type="checkbox"/> Vaccinated	Either complete vaccine in a single dose OR part 1 & part 2 of vaccine split dose
<input type="checkbox"/> Confirmed Exposure	Positive to blood or skin test, OR equivocal test results and reaction to vaccine split part 1
<input type="checkbox"/> Historic exposure	Test negative with history of prior vaccination or exposure that cannot be documented. Requires signatures – see additional information below
<input type="checkbox"/> Susceptible	Individuals who do not meet the other criteria above have a susceptible status and will not have their registration finalised or receive a Register Q Fever number.

Q Fever Pre-Screening & Vaccination Form

Information for Health Care Professionals

Who should complete this form?

The form should be completed by the medical staff carrying out the testing and vaccination procedures.

Personal Details

- **Patient:** The patient's name and date of birth should be clear and complete to ensure the medical information is allocated to the correct individual.
- **Employer:** The employer name may be included, such as when the testing and vaccination is funded by the employer. Employers may wish to produce copies of this form with their name already printed in this space.

Blood Test

- **Test result:** Result should be recorded as positive or negative or indeterminate. Refer below for advice on indeterminate test results.
- **Pathology serial number:** An optional reference number issued by the pathology laboratory.
- **Pathology Results:** These may be attached to this form and filed by the doctor. A copy may also be kept by the employer. It is not necessary to send a copy of the pathology results to the Australian Q Fever Register or the State Health Department.

Skin Test

- **Test result:** This should be recorded as positive or negative or indeterminate. Refer below for advice on indeterminate test results.
- **Diameter of induration:** Recorded in millimetres. Optional.

Indeterminate Test Results

- The Q Fever vaccine provider suggests that indeterminate test results be followed by re-testing OR by exposure of the subject to split dose vaccination using a small starting dose (5 µg or 0.1 ml) and checking for no reaction before moving to a second split dose of 20 µg (0.4ml). If the patient reacts to the split dose part 1, then this reflects previous exposure.
- For more information, refer to Section 4.15 of *The Australian Immunisation Handbook (10th Edition)* <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-15>

Vaccination

- Vaccination may be administered in one of three ways: single administration of a complete vaccine dose (25 µg or 0.5 ml) or by administration of one or two split doses of vaccine (for people with indeterminate test results).
- **Vaccine batch number:** Should be entered as displayed on the vaccine container.
- **Uncommon reactions:** These should be reported to Seqirus on the number given.

Adverse effects

Reporting adverse effects for Q Fever testing and/or vaccinations is voluntary but recommended.

There are two contact points for reporting adverse effects (you may use either or both):

- **Seqirus Australia** – call Medical Technical Advice line 1800 642 865 or visit: www.seqirus.com.au/contact
- **TGA** – visit: <https://www.tga.gov.au/reporting-problems>

No Vaccination

If the patient was not vaccinated, select the reason why.

Historic Exposure

A small number of people each year present with unverified history of prior vaccination or natural exposure and yet produce negative or equivocal test results on blood and skin tests.

Q Fever Pre-Screening & Vaccination Form

Information for Health Care Professionals

Historic Exposure (cont)

Explanations may range from forgetfulness where individuals may believe they have been vaccinated or exposed when in fact they have not, to the situation where individuals have been vaccinated/exposed and test negative because of the waning of immune reactivity over time. Vaccination is contraindicated if individuals have been previously vaccinated or exposed. Vaccination is required for protective immunity if individuals are testing negative because they have not been previously vaccinated or exposed.

It is suggested that Doctors review these cases and discuss options and risks with individuals. Relevant information includes age of the patient and work/life history that may increase likelihood of prior exposure or vaccination.

If the Doctor is confident that the patient is likely to have immunity despite a negative test, then the Doctor can recommend a classification of Historic Exposure. This will allow the Register to enter the individual and issue a Q Fever report. This can only be done if both the Doctor and patient sign the Historic Exposure section on the *Q Fever Pre-Screening & Vaccination form*, acknowledging review and a considered decision.

Q Fever Immune Status

Select the Q Fever Immune Status that applies to this patient.

More Information

Doctors may seek further information on this matter by visiting the Q Fever website which includes links to *The Australian Immunisation Handbook* and technical information on the Q Fever vaccine provided by the vaccine manufacturer (Seqirus Australia www.seqirus.com.au).

What to do with this form

Copies of the following forms must be sent to the Register:

- Personal Details & Consent Form for Registration
- Q Fever Pre-Screening & Vaccination Form OR evidence of testing/vaccination

Provision of the following is optional:

- Serology report (optional)

Copies of these forms should also be held by the medical practice &/or employer.

Medical staff or employers with online access to the Register are encouraged to register patient details online and upload forms electronically.

Register staff will issue the individual an *Australian Q Fever Register eStatement* once all relevant data is reconciled.

Australian Q FEVER Register

Help Line 1300 QFEVER (1300 733 837)
Fax (07) 3547 8444

Mail Australian Q Fever Register
PO Box 3403
TINGALPA DC QLD 4173

Email register@qfever.org
Website www.qfever.org

The Australian Q Fever Register is owned by the Australian Meat Processor Corporation (AMPC) and managed by AUS-MEAT Limited. AUS-MEAT's privacy statement for the Q Fever Register is available at www.qfever.org/privacy.