**Dear student coming to HUS for a traineeship**

This communicable disease survey applies to those coming for a traineeship in the Hospital District of Helsinki and Uusimaa (HUS).

In accordance with Section 48 of the Communicable Diseases Act, a student participating in a traineeship must be protected against **measles** and **chickenpox** either through vaccination or by having had the disease. In addition, vaccination protection against **influenza** is required annually, and against **pertussis** every 5 years for persons caring for patients under the age of 1. Vaccinations for employees and students increase both patient and occupational safety.

Only for special reasons can the employer use an unvaccinated employee or student in client and patient facilities that treat patients or clients who are vulnerable to severe consequences of communicable diseases. In HUS, such facilities include all customer and patient facilities, as well as medical and patient transport. This requirement applies to those working primarily or repeatedly on such premises. Vaccinations are voluntary.

In addition, a health assessment on **respiratory tuberculosis and salmonella** in accordance with sections 55 and 56 of theCommunicable Diseases Act is required.The tuberculosis health assessment applies to those working in health care units, which in HUS include hospitals and outpatient units. The salmonella health assessment concerns food workers who in HUS work in HUS Asvia’s food establishments serving both patients and personnel.

Attached to this bulletin is a communicable disease survey (self-assessment form), which educational institutions can use directly as such or in their own forms by asking the information required by HUS. The self-assessment form is used to survey vaccination protection and the risk factors for respiratory tuberculosis and salmonella infection. **The student must complete the self-assessment form at the latest one month prior to the start of the traineeship.**

In the self-assessment form, the student declares with their signature that they fulfil the suitability for trainee work tasks in accordance with the Communicable Diseases Act. The assessment can be presented orally, but HUS recommends submitting a written health assessment to the supervisor when arriving to start the traineeship. Ensuring suitability is a statutory obligation of the traineeship organizer, and the traineeship may be cancelled if suitability cannot be verified.

If the self-assessment reveals deficiencies in vaccine protection or symptoms of a possible communicable disease, the student should immediately contact student health care services to supplement the inadequate vaccination protection or to exclude respiratory pneumonia or salmonella. When vaccination protection has been supplemented or respiratory tuberculosis or salmonella has been excluded, the professional at student health care services will verify the student’s self-assessment form with their signature and the traineeship can begin. A symptomatic student must not start their traineeship before determining the cause of the symptoms.

# COMMUNICABLE DISEASE SURVEY (SELF - ASSESSMENT FORM) FOR STUDENTS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal identity code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional title / student: Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. Section 48 of the Communicable Diseases Act on vaccinations

**1.1. Questions about vaccination protection or having had a disease**

|  |  |  |
| --- | --- | --- |
| **Basic vaccination according to the national vaccination program** | **Vaccination protection** | **Contracted illness** |
| **1. Measles vaccine (MPR)**  In 1975, vaccinations against measles began and in 1982, MPR vaccinations were started in child health clinics (neuvola). Those born prior to 1965 are considered as having had measles. | **1.a. Measles, vaccinated**  I have received 2 vaccines.  I have received 1 vaccine.  I have not received any vaccines.  I don't know. | **1.b. Measles, has contracted the disease**  Yes  No  I don't know. |
| **2. Chickenpox vaccine**  Around 95% of Finns have had chickenpox by the age of 12. In September 2017, vaccinations against chickenpox started in the child health clinics (neuvola), so people of working age have not received the vaccination as part of the national vaccination program. | **2.a. Chickenpox, vaccinated**  I have received 2 vaccines.  I have received 1 vaccine.  I have not received any vaccines.  I don't know. | **2.b. Chickenpox, has contracted the disease**  Yes  No  I don't know. |
| **3. Diphtheria-tetanus vaccine**  (dT vaccine)  Administered as a booster vaccine as part of the national vaccination program for those over 25 years of age and in the event of an accident. | **3.a.**  Latest vaccine received, year \_\_\_\_\_\_\_\_ I don't know. |  |
| **4. Diphtheria-tetanus-pertussis vaccine** (dtap vaccine)  It is administered as a booster vaccine as part of the national vaccination program for 14–15-year-olds, 25-year-olds, and those working in social welfare or health care with children under 1 year of age. The vaccine protection is only valid for 5 years. | **4.a.**  Yes, I received the vaccine less than 5 years ago, year \_\_\_\_\_\_\_\_   I have not received the vaccine.  I don't know. |  |
| **5.** The **influenza vaccine** Administered annually. | **5.a.**  Latest vaccine received, year \_\_\_\_\_\_\_\_ I don't know. |  |

**1.2. Is my vaccination protection in order?**

If your response to questions 1.a. or 1.b. was “**I have received 2 vaccines**” or “**Yes**”, you are protected against measles.

If your response to questions 2.a. or 2.b. was “**I have received 2 vaccines**” or “**Yes**”, you are protected against chickenpox.

If you answered question 4.a. “**Yes**,” your protection against pertussis is at the level required by law.

In addition, you should be aware of question 5.a. and its obligation under the Communicable Diseases Act to take the annual influenza vaccine.

**If you have protection** against measles and chickenpox and, if necessary, against pertussis, and you take the annual influenza vaccine, the protection required by the Communicable Diseases Act exists. In this case, you can sign the self-assessment form and take it with you to your traineeship as proof of suitability.

**If your vaccination coverage needs to be supplemented or you are unsure about your protection, please contact your student health care provider.** It is important to supplement uncertain vaccination protection. There is no harm in using an extra vaccine. You will not be able to sign the self-assessment form until your vaccinations have been supplemented. If you have a medical impediment to taking vaccinations, your student health care will assess your situation and give you an assessment of your suitability for the job or traineeship.

## 2. Section 55 of the Communicable Diseases Act on respiratory tuberculosis

**2.1. Questions about the risk of tuberculosis**

|  |  |
| --- | --- |
| **Have you had any of the following symptoms?** |  |
| Continuous cough for more than 3 weeks | Yes No |
| Sputum (mucus with cough) | Yes No |
| Blood with cough | Yes No |
| Fever for more than 2 weeks | Yes No |
| Night sweats for more than 2 weeks | Yes No |
| Exceptional fatigue for more than 2 weeks | Yes No |
| Abnormal weight loss | Yes No |

|  |  |
| --- | --- |
| **Do you have any predisposing factors for a tuberculosis infection?** | |
| Previously contracted tuberculosis, year \_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No |
| There has been close contact with a person with contagious respiratory tuberculosis (e.g. living in the same household, relatives, or friends). | Yes No |
| Treatment of tuberculosis patients in any country outside Finland.  Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No |
| Your country of birth:  What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Born or worked for at least 3 months in a country with a **high** incidence of tuberculosis (≥ 50/100,000, see list of countrie[s on the website of the Finnish Institute for Health and Welfare THL)](https://www.thl.fi/attachments/Infektiotaudit/Maaluettelo.pdf) and work or a traineeship period is now about to start on a neonatal ward. | Yes No |
| Born in a country with a **very high** incidence of tuberculosis (≥ 150/100,000, see list of countrie[s on the website of the Finnish Institute for Health and Welfare THL)](https://www.thl.fi/attachments/Infektiotaudit/Maaluettelo.pdf). | Yes No |
| Has stayed for at least 12 months or worked continuously for at least 3 months in a country with a **very high** incidence of tuberculosis (≥ 150/100,000, see list of countrie[s on the website of the Finnish Institute for Health and Welfare THL)](https://www.thl.fi/attachments/Infektiotaudit/Maaluettelo.pdf).  Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No |

**2.2. Is it possible that you have tuberculosis?**

**If you answered “Yes” to any of the sections**, you will need to have a tuberculosis health assessment completed, before you can start a traineeship in a social welfare or health care unit, or in tasks caring for children under school age.

**Contact your student health care provider** to rule out respiratory tuberculosis. After the assessment has been made, your student health care provider will sign your self-assessment form and confirm that respiratory tuberculosis has been excluded and the traineeship can begin.

**NOTE!** A health assessment is not required, if less than 2 years have elapsed since the previous assessment and no new exposure has occurred. The tuberculosis symptom survey is repeated at the beginning of a new employment relationship, if the previous survey was taken more than 2 years ago.

**If you answered “No” to all of these questions**, you do not need to have a tuberculosis health assessment and you can sign the self-assessment form yourself.

## 3. Section 56 of the Communicable Diseases Act on salmonella (to be completed only by those arriving to work as a food worker)

**3.1. Questions about the risk of salmonella**

|  |  |
| --- | --- |
| **Risk factors for salmonella** |  |
| Do you currently have or have had diarrhea in the previous month? | Yes No |
| Has any of your acquaintances been diagnosed with salmonella or febrile diarrhea in the past month? |  |

**3.2. Is it possible that you have salmonella?**

**If you answered “Yes” to any of these questions**, a salmonella infection must be excluded, before you begin a traineeship as a food worker. **Contact your student health care provider** to rule out a salmonella infection.

After the assessment has been made, your student health care provider will sign your self-assessment form and confirm that salmonella has been excluded and the traineeship can begin.

**If you answered “No” to all the questions**, you have no salmonella risk and you can sign the self-assessment form.

-------------------------------------------------------------------------------------------------------------------------------

**I hereby certify that the information I have provided on the self-assessment form as being correct, and that I am suitable for the traineeship tasks in accordance with the Communicable Diseases Act.**

Place and date:

Student's signature:

**If, on the basis of the self-assessment form, the student health care services have had to exclude respiratory tuberculosis or salmonella, or to supplement the vaccination protection, the student health care professional will sign the form.**

Place and date:

Signature of the student health care professional (professional title and name in block letters) confirming that the traineeship can start: