

COPY OF SURVEY ADMINISTERED TO AUSTRALIAN VETERINARY
WORKERS IN 2014 TO ASSESS KNOWLEDGE, ATTITUDES AND
PRACTICES RELATING TO Q FEVER DISEASE AND VACCINATION

Are you currently working as a veterinarian or veterinary nurse?

- ☐ No
- ☐ Yes

Section 1

Do you intend on returning to work as a veterinarian or veterinary nurse within the next 24 months?

- ☐ No
- ☐ Yes. Please consider your most recent veterinary role when answering the questions.

Section 1

Your sex

- ☐ Male
- ☐ Female

Your age

Your work postcode

What is your position in your current (or most recent) workplace?

- ☐ Veterinarian
- ☐ Veterinary Nurse

Section 1

Which of the following best describes your role in your current (or most recent) workplace?

- ☐ Practice Owner
- ☐ Veterinary Associate
- ☐ General member of veterinary staff within university, government or industry
- ☐ On plant veterinarian (OPV) at an abattoir
- ☐ Other -please specify

Section 1

At which University did you complete your veterinary degree?

- ☐ Sydney University
- ☐ Melbourne University
- ☐ Murdoch University
- ☐ Queensland University
- ☐ Charles Sturt University
- ☐ James Cook University
- ☐ Massey University New Zealand
- ☐ Adelaide University
- ☐ Other -please specify

What year did you graduate?

What is the highest level of post graduate education in veterinary science you have completed?

- ☐ No post graduate education
- ☐ Graduate certificate or diploma
- ☐ Masters Degree
- ☐ ANZCVS membership or equivalent- please specify below
- ☐ PhD or ANZCVS fellowship or equivalent- please specify below

If you have indicated "or equivalent" above please specify.

Section 1

What is the highest level of education in veterinary nursing you have completed?

- ☐ Certificate IV in Veterinary Nursing
- ☐ Diploma in Veterinary Nursing
- ☐ No formal education in Veterinary Nursing
- ☐ Other -please specify

How many years in total have you been engaged in veterinary employment where working directly with animals is part of your routine work? - include time working directly with animals in research, teaching and clinical settings

Section 1

Please estimate the number of hours per week you currently (or most recently) work directly with animals in EACH of the following veterinary environments.

Government	<input type="text"/>
Corporate practice (e.g Green Cross, Banfield)	<input type="text"/>
Group private practice / Multi-vet private practice	<input type="text"/>
Solo private practice	<input type="text"/>
Industry	<input type="text"/>
Laboratory	<input type="text"/>
University	<input type="text"/>
Abattoir	<input type="text"/>
Other- estimate hours here and specify below	<input type="text"/>

Please specify "other" as indicated above.

Section 1

ONLY RESPOND TO THIS QUESTION IF YOU ARE CURRENTLY WORKING IN CLINICAL VETERINARY PRACTICE OR ARE RETURNING TO CLINICAL PRACTICE AFTER A SHORT BREAK EG MATERNITY LEAVE

Thinking of your current (or most recent) veterinary workplace where you spend the most time working directly with animals, please enter the total number of staff, including yourself.

Veterinarians	<input type="text"/>
Veterinary nurses	<input type="text"/>
Kennel hands, animal attendants	<input type="text"/>
Administrative staff	<input type="text"/>

Section 1

Thinking of your current (or most recent) veterinary workplace where you spend the most time working directly with animals, please estimate the proportion of time spent on each animal species. Please only enter whole numbers- no decimals. (responses should total 100%)

If no animal handling - Please enter 100% here.

Dogs

Cats

Horses

Dairy cattle

Beef cattle

Sheep

Goats

Pigs

Poultry / other birds

Pocket pets (guinea pigs, ferrets, rabbits etc)

Fish

Australian wildlife

Zoo animals

Other (please enter percentage here and specify species below)

Please specify "other" as indicated above.

Section 1

Throughout the course of your veterinary career, on average what do you think your level of exposure to the causative agent for Q fever (*Coxiella burnetii*) has been?

Don't know

No exposure

Very low exposure

Low exposure

Moderate exposure

High exposure

Very high exposure



Section 2 - Attitudes

The next series of questions focuses on your attitudes towards the Q fever illness and Q fever vaccination. Some of the questions are general in nature while others are asking for a more personal perspective.

Thinking about vaccination for Q fever across each occupation group within each practice type, what would be your recommendations for Q fever vaccination?

Please use a scale of 1 to 7 where;

- 1. Strongly recommend against vaccination**
- 2. Moderately recommend against vaccination**
- 3. Slightly recommend against vaccination**
- 4. No recommendation either way**
- 5. Slightly recommend vaccination**
- 6. Moderately recommend vaccination**
- 7. Strongly recommend vaccination**

VETERINARIANS

[illegible]

VETERINARY NURSES

[illegible]

KENNEL HANDS, ANIMAL ATTENDANTS AND OTHER ANIMAL HANDLERS

[illegible]

ADMINISTRATIVE STAFF WITH NO DIRECT ANIMAL HANDLING

[illegible]

Section 2

For this group of statements we are interested in your feelings and would like you to indicate your level of agreement with each of the following.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
If a vaccine exists for a certain disease, then vaccination is usually a good way to protect someone against this disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am convinced of the importance of the Q fever vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that the Q fever vaccine will do more harm than good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to get vaccinated for Q fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2

Again, thinking about your current (or most recent) veterinary workplace from a personal perspective, how concerned are you that.....

	Not concerned	Slightly Concerned	Moderately Concerned	Very Concerned
...you could be exposed to the bacteria causing Q fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your co-workers could be exposed to the bacteria causing Q fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... your family or your co-workers' family could be exposed to the bacteria causing Q fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2

The following statements are more general in nature, please indicate your level of agreement with each of them.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Don't know
Q fever is a serious illness with significant health consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Q fever vaccine is safe if appropriately administered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Q fever vaccine is effective in preventing Q fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Q fever vaccine is too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3 - Q fever exposure

Have you ever had Q fever?

- ☐ No
- ☐ Yes

Section 3

What year did you have Q fever? Please estimate if unsure.

How was the diagnosis made?

- ☐ Self diagnosis
- ☐ Medical practitioner -no laboratory testing
- ☐ Medical practitioner -laboratory testing
- ☐ Other -please specify

Did you take time off work as a result of your illness?

- ☐ No
- ☐ Yes

Section 3

Please indicate the number of days or weeks taken off work.

Days OR

Weeks

Section 3

Were you hospitalised during the illness?

- ☐ No
- ☐ Yes

Section 3

Please indicate the number of days or weeks that you were hospitalised.

Days OR

Weeks

To what extent did you experience each of the following:

	Did not experience	Very mild	Mild	Moderate	Severe	Very severe
Fever and chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle and joint pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-Q fever fatigue syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other- please indicate severity here and specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other -please specify

Section 3

Do you personally know anyone who has been diagnosed with Q fever?

- ☐ No
- ☐ Yes

Section 3

How many people do you personally know who have had Q fever?

Number of people

How many of these people (that you know of) experienced a severe complication of Q fever ? eg extended time off work, endocarditis, hepatitis, post-Q fever fatigue syndrome, pneumonia

Number of people

Section 4 - Q fever vaccination

Which of the following best describes your Q fever vaccination status?

- ☐ I have been vaccinated
- ☐ I have not been vaccinated
- ☐ I cannot recall if I have been vaccinated

Section 4

Which of the following best describes your reason for being vaccinated for Q fever?

- ☐ I was vaccinated as part of my university course
- ☐ I was vaccinated as a requirement of my job
- ☐ I actively sought vaccination although it wasn't a specific requirement of my job or university course
- ☐ Other- please specify below

Please specify "other" as indicated above

Section 4

In what year did you receive your Q fever vaccination? Please estimate if unsure.

Please enter year as four
digits eg 2002

**If you are unable to estimate the year of your Q fever vaccination (above) please select
"Don't know"**

- ☐ Don't know

Did you experience any adverse effects after Q fever vaccination?

- ☐ No
- ☐ Yes
- ☐ Don't recall

Section 4

Were these adverse effects;

- ☐ Mild
- ☐ Moderate
- ☐ Severe

**Did you seek medical attention as a result of any adverse effects of the Q fever
vaccine?**

- ☐ No
- ☐ Yes
- ☐ Don't recall

Section 4

Was the medical attention received from;

- ☐ General practitioner
- ☐ Hospital emergency room
- ☐ Admitted to hospital
- ☐ Other -please specify

Section 4

Before today, were you aware that there was a Q fever vaccine?

- ☐ No
- ☐ Yes

Section 4

Is the reason you have not been vaccinated for Q fever because you were ineligible as a result of pre-vaccination screening process?

- ☐ No
- ☐ Yes

Section 4

Please rate the extent to which each of the following had an influence on you not being vaccinated to date.

	No influence	Minor influence	Moderate influence	Major influence	Sole reason
I've not been able to access a service provider trained to provide Q fever vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pre-screening and vaccination process is too time consuming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot afford the financial cost of getting vaccinated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the Q fever vaccine may harm my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the Q fever vaccine may not be effective in preventing Q fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think I won't be seriously affected by Q fever.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other - please indicate influence here and specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify "other" as indicated above.

Section 5 - Knowledge of disease risk

ADMINISTRATIVE STAFF WITH NO DIRECT ANIMAL HANDLING

	0	1	2	3	4	5
Cat and dog only practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farm animal only practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equine only practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wildlife practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5

If an animal that was infected with the bacterium *Coxiella burnetii* (the cause of Q fever in humans) was presented to your clinic, please indicate the risk of transmission to someone when performing the following procedures without the implementation of any biosecurity measures (eg. PPE).

Please use a scale of 0 to 5, where 0 is no risk and 5 is maximum possible risk

	0	1	2	3	4	5
Routine physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faecal flotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting with parturition (giving birth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing CPR (cardiopulmonary resuscitation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting and processing blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post mortem examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cystocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admitting the patient to hospital cage/stable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simply being present in the room with the animal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning cages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6 - Biosecurity practices

Using the broad definition of biosecurity as "a set of preventative measures designed to reduce the risk of transmission of infectious diseases" how would you rate your current level of knowledge of biosecurity as it relates to the work you undertake?

Please use a scale of 1 to 10 where 1 is very low (minimum) level and 10 is very high (maximum) level of knowledge.

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you wash your hands before treating patients?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Do you wash your hands after treating patients?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Section 6

When performing* your usual veterinary work, what level of personal protective equipment (PPE) do you currently (or most recently) use in the following situations? - Please select all that apply.

***If you are not involved in a listed procedure, please select "Do not perform" for that procedure.**

	Do not perform	No special precautions taken	Protective clothing	Gloves	Surgical Mask	Goggles/face shield	P2/N95 respirator
Routine physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faecal flotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting with parturition (giving birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing CPR (cardiopulmonary resuscitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collecting and processing blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post mortem examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admitting the patient to hospital/stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simply being present in the room with the animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning cages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6

On average how frequently does your current (or most recent) job require you to perform resuscitation ?

Never - please enter 0

Times per month OR

Times per year

If yes, when resuscitating animals in general, do you use:

	Never	Rarely	Sometimes	Often	Always
Mouth to nose/mouth resuscitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathing bag / resuscitation mask / oxygen mask / ET tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other -please select frequency here and specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify "other" as indicated above

Section 6

On average how frequently does your current (or most recent) job require you to resuscitate non breathing neonatal animals (eg puppies or kittens) after caesarian birth or difficult births?

Never - please enter 0

Times per month OR

Times per year

If yes, when resuscitating non breathing puppies or kittens after caesarian birth or difficult births, do you use:

	Never	Rarely	Sometimes	Often	Always
Mouth to nose / mouth resuscitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathing bag / resuscitation mask / oxygen mask / ET tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please select frequency here and specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify "other" as indicated above

Section 6

Which of the following information sources are your main source of influence regarding information about work related biosecurity?

	No influence	Minor influence	Moderate influence	Major influence	Sole influence
Protocols established by the employer/practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinarians within your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinarians outside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary nurses within your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary nurses outside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal research through veterinary journals and textbooks, websites etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal research through the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Australian Veterinary Association Biosecurity Guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government or Health authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other- please select influence here and specify below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify "other" as indicated above

Section 6

What is your level of responsibility within your workplace with respect to workplace health and safety (WHS).

Please use a scale of 1 to 5 where 1 is not at all and 5 is completely responsible.

	1	2	3	4	5
Training of other staff in WHS in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that staff comply with WHS requirements or established protocols in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing WHS protocols for my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other - please select level here and specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify "other" as indicated above

THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE. YOUR PARTICIPATION IS APPRECIATED.

After you submit the questionnaire you will be redirected to the prize draw for an iPad. You can choose whether you would like to enter this. Please note that this is done via a separate link and will not be linked to your responses to this questionnaire.

IF YOU WOULD LIKE TO OBTAIN MORE INFORMATION ABOUT Q FEVER OR Q FEVER VACCINATION PLEASE VISIT THE FOLLOWING WEBSITES.

Australian Government Department of Health and Ageing- The Australian Immunisation Handbook 10th Edition 2013
www.health.gov.au

CSL Q Vax-R Q fever vaccine
www.csl.com.au