

# IMMUNISATIONS

## ROUTINE IMMUNISATIONS FOR ALL NEONATES

Plan to achieve immunity to diphtheria, tetanus, pertussis, (DTaP), polio, haemophilus (Hib) meningococcus C and pneumococcus within 4 months of birth

***Do not delay immunisation in pre-term babies because of prematurity or low body weight***

## CONTRAINDICATIONS

- BCG can be temporarily contraindicated in the immunosuppressed:
- check maternal antenatal HIV screening result
- if on prednisolone 1mg/kg/day for >3 weeks, give BCG if indicated 3 months after stopping steroids
- Cardiorespiratory events (apnoea, bradycardia and desaturations) are **not** contraindications to immunisation, but continue to monitor for a further 72 hr following immunisation

## TREATMENT

### Consent

- Inform parents of process, benefits and risks
- Provide fact sheets
- Offer parents opportunity to ask questions
- Written consent is not obligatory
- Complete the 'unscheduled immunisation form' prior to immunisation
- send form to local Child Health Information

### Prescription

Use immunisation listed in the schedule below

- Keep strictly to schedule to avoid delay
- Order vaccines in advance unless held as stock on NNU
- Prescribe on treatment sheet

### Schedule

2 months	DTaP/IPV/Hib + Pneumococcal	<b>1 injection</b> <b>1 injection</b>
3 months	DTaP/IPV/Hib + Men C	<b>1 injection</b> <b>1 injection</b>
4 months	DTaP/IPV/Hib + Men C + Pneumococcal	<b>1 injection</b> <b>1 injection</b> <b>1 injection</b>

### Administration

- DTaP/IPV/Hib is a 5 in 1 preparation
- Administer by **IM** injection into the thigh
- Give Men C and Prevenar (pneumococcal vaccine) into separate injection sites in the other thigh

## DOCUMENTATION

- Ensure accurate documentation so that community healthcare professionals are aware course will not be complete
- After immunisation, document the following in case notes as well as in Child Health Record (red book):
- vaccine given and reasons for any omissions
- site of injection(s) in case of any reactions
- batch number of product(s)
- expiry date of product(s)
- legible signature of doctor administering immunisations
- adverse reactions

- Sign treatment sheet
- Document all information on discharge summary and medical case notes including recommendations for future immunisations and need for any special vaccinations such as influenza, palivizumab, etc

## **ADVERSE REACTIONS**

- Local:
  - extensive area of redness or swelling
- General:
  - fever  $\geq 39.5^{\circ}\text{C}$  within 48 hr
  - anaphylaxis (see below)
  - bronchospasm
  - laryngeal oedema
  - generalised collapse
  - episodes of severe apnoea

## **ADDITIONAL IMMUNISATIONS**

### **Influenza (in autumn and winter only)**

#### ***Indications***

- Chronic lung disease (on, or have recently had, oxygen)
- Congenital heart, renal or liver disease
- Immunodeficiency

#### ***Recommendations***

- Recommend vaccination to close family members of these infants
- Give infants >6 months of age

### **Palivizumab**

#### ***Indications***

During RSV season (mid-October to mid-March), give to:

- <2 yr with severe chronic lung disease on home oxygen
- Infants <6 months of age who have left to right shunt, haemodynamically significant congenital heart disease and/or pulmonary hypertension in consultation with consultant cardiologist
- Children under 2 yr with severe congenital immunodeficiency

#### ***Procedure***

- Consultant neonatologist will identify patient and sign accompanying letter to GP
- Five monthly doses in the RSV season at the middle of October, November, December, January and February
- where possible, administer first dose before commencement of RSV season
- 15 mg/kg by IM injection into the antero-lateral aspect of thigh
- Order palivizumab injection from local community or hospital pharmacy, who will obtain from manufacturer, Abbott Laboratories Ltd. This can take some days.
- Palivizumab must be stored at 2-8°C. Full reconstitution and administration instructions are provided in the Summary of product characteristics (SPC). It is important to:
  - avoid shaking vial
  - stand at room temperature for minimum of 20 min until solution clarifies
  - administer within 6 hr of preparation (palivizumab contains no preservative)
  - note that final concentration, when reconstituted as recommended, is 100 mg/mL
  - split between 2 sites if >1 mL

### **Rotarix (rotavirus vaccine)**

- Give according to local policy
- Increased morbidity in low birth weight infants, highest risk morbidity in very low birth weight infants
- given at 2 and 4 months

### **BCG and Hepatitis B**

See **BCG immunisation** and **Hepatitis B** guidelines