

Special Edition Newsletter

Immunisation Seminars 2015 – Q&As

MenB

Q1 How many times will new babies/boosters be recalled?

A1 Recall for MenB will be as for the other primary immunisations.

Q2 What if the parent does not want paracetamol given to the baby prior to MenB vaccination?

A2 MenB vaccine should not be withheld. The reason for paracetamol should be explained to the parent with advice to give the subsequent doses.

Q3 What if the parent does not want to give subsequent doses of paracetamol?

A3 The parent should be informed of the increased risk of fever and the advice recorded in the patient record.

Q4 If the baby vomits after administration of paracetamol, should vaccination go ahead?

A4 This is a matter for judgement by clinical staff. The [FAQ](#) produced by NES states:

"If the infant spits out or regurgitates at least half of the paracetamol suspension, then an additional dose (60mg given as 2.5ml of 120mg/5ml suspension) of paracetamol should be administered."

If the infant has already left, and vomits later, then no replacement dose need be given. Rotarix can be readministered refer to the Rotarix PGD for guidance

Q5 Administering rotavirus orally can be time consuming, what takes priority, rotavirus or MenB?

A5 Both are equally important and require to be given.

Q6 Can the thigh be used when administering Men B in 1-year-olds?

A6 Antero lateral thigh is the preferred area in infants under 1-year-old, and deltoid area for those over the age of 1 year. For the purpose of adverse events surveillance (introduction of new vaccine) consistent vaccination in the same limb is highly recommended. The other limbs can be used if necessary, including the thigh for a 1 year olds. In addition, more than 1 vaccine can be injected into each limb, as long as 2.5cm apart (ensuring that is recorded which vaccine was given at which site), with the exception of [BCG vaccine](#) which is given in the left arm after which no vaccine should be given in that limb for at least three months.

Q7 If there is paracetamol left in the bottle at the end of the clinic can it be used at the next clinic?

A7 This varies depending on the product used. The minimum shelf life of an opened bottle of paracetamol suspension is 28 days. Always mark on the label the date the bottle is opened. Small amounts left at the end of the clinic should be discarded. However, if there is a substantial quantity of paracetamol left in the bottle, replace the cap and securely store the bottle in a cool dark medicine cupboard. If only 100ml quantities of paracetamol are ordered for use in a clinic it's unlikely that an opened bottle will be in use for more than one month.

Q8 Is there a leaflet for parents with advice about giving the 2nd and 3rd doses of paracetamol?

A8 The 'What to expect after immunisation?' resource is being updated to include this information.

Q9 Where can parents get information about the vaccine, research/clinical trial evidence etc?

A9 All the evidence supporting the introduction of the vaccine is detailed in the meningococcal chapter of the [Green Book](#). The UK has one of the highest incidences of meningococcal disease caused by the sero-group B strain. Other countries are currently looking at introducing this vaccine to their own immunisation programmes.

Q10 Will a new post-immunisation leaflet be produced?

A10 No, the 'What to expect after immunisation?' resource is being updated, as per answer 8.

Q11 Are there posters and leaflets about after-care for parents?

A11 The 'What to expect after immunisation' resource is being updated and will be available early September 2015.

- Q12 Where should HVs record administration of paracetamol?**
A12 It should be documented where the vaccination is recorded.
- Q13 How will prescriptions for paracetamol be managed for large immunisation clinics that are nurse-led?**
A13 For 2015/16 it has been agreed that GP practices will provide a GP10 for the baby for the subsequent 2nd and 3rd doses of paracetamol.
- Q14 From where are oral syringes and bottle adapters ordered?**
A14 Initial allocations will be from Hillington Stores. There may be another 1-2 allocations before re-ordering through the PECOS system is possible. The PHPU will confirm arrangements as soon as possible.
- Q15 Can oral syringes be re-used?**
A15 No, they are for single use only.
- Q16 Why does the paracetamol bottle have to be shaken vigorously?**
A16 Paracetamol granules are very light; they clump together and concentrate at the top of a bottle of suspension. It is important to shake the bottle for 10 seconds if it has been standing for a period of time between clinics.
- Q17 What dose of paracetamol should be given to a very small or premature baby?**
A17 Just as for vaccination, the infant's *actual age* should be considered for purposes of paracetamol dosing. Babies born very prematurely will be 2 months old (or just under) when they present for first MenB vaccinations. For reassurance the Paracetamol [PGD](#) excludes infants <3kg weight and those born at <24weeks gestation, refer to a prescriber for advice on the dose to give to these infants.
- Q18 How do practices get supplies of paracetamol suspension for use in vaccination clinics?**
A18 Paracetamol suspension is **not** supplied from PDC and should be ordered from community pharmacy using a GP10A stock order form and in quantities of 100ml. This size of bottle might be easier to manipulate when withdrawing a 2.5ml dose. A 100ml bottle will provide 30 to 35 doses and it is less likely that an opened bottle will be stored for a long period of time.
- Q19 Can babies born before 1st May 2015 get the MenB vaccine privately? If yes, where?**
A19 The decision to vaccinate privately is one to be made between the clinician and individual with parental responsibility. The PHPU cannot advise on this decision nor can it recommend any particular private clinic.
- Q20 Will splenectomy patients need booster MenB after initial 2 doses?**
A20 The need for, and the timing of, a booster dose of MenB vaccine for at-risk individuals has not yet been determined.
- Q21 Should adult splenectomy patients receive MenB and MenACWY?**
A21 Yes - the details of which vaccines to give asplenic patients depends on age at diagnosis. Please see relevant [Green Book chapter](#) .

MenACWY

- Q22 If a university student had MenC vaccination in 2014/15 and had now changed course/uni, are they eligible to be vaccinated with MenACWY in 2015/16?**
A22 No as they are not a first time university entrant and they have had a MenC recently.
- Q23 Is it only for university entrants?**
A23 There are a number of eligible groups for the MenACWY vaccine:
 - **Freshers programme** – first time university entrants under the age of 25 years, irrespective of whether or not they have previously had a MenC vaccine
 - **All 16 to 18 year olds who left school this summer and last year and those S4s and S5s who leave school this Christmas 2015** – letters to each year group will be phased over the coming months in order to help manage vaccine supplies. This cohort should be offered MenACWY irrespective of whether or not they have previously had a MenC vaccine
 - **Individuals under 25 years who have never received a dose of MenC or not received a dose since age 10** – should now receive the MenACWY vaccine. A GP10 should be raised for individuals to be vaccinated in this group, however if there is no stock available in the community pharmacy central stock may be used as a last resort.

Q24 How do practices order MenACWY?

A24 For the routine programme central stock is available from the PDC. Please use your individualised [order form](#). As MenACWY is a time limited programme it is not listed but practices can enter as free text. Uptake is uncertain and PDC may query requests for more than 50% of practice cohort. You might wish to wait until appointments have been made before ordering stock. prioritised for 14-18 year olds and those under 25 years attending university for the first time this autumn. See sample form and vaccine ordering tips .

Q25 Is MenACWY vaccine a one in a lifetime vaccination or do patients require a booster?

A25 People over 10 and under 25 years of age need a single dose of MenACWY. No further vaccination is needed. The need for, and the timing of, a booster dose of MenACWY vaccine in at-risk individuals has not yet been determined.

Q26 Is there a period of time required between getting MenC and then MenACWY, for example if someone has already had a MenC?

A26 A minimum gap of four weeks should be left between the vaccinations.

Childhood seasonal flu

Q27 Are secondary school age children getting flu vaccine?

A27 Secondary school aged children are not included in the programme unless they are in an at risk group. If they are, they should be immunised at their GP practice as previous years.

Q28 Why are secondary school age children, not in an at risk group, not being offered the flu vaccine?

A28 Following the expansion of the school flu programme to include all primary schools in 2014/15, the Scottish Government has agreed that health boards should consolidate during 2015/16 and not include secondary school aged pupils in the programme. This is to allow all health boards' further opportunity to review delivery models and attempt to address serious ongoing issues with workforce capacity. In addition, the UK advisory committee, the JCVI, is reviewing their initial recommendation on whether the secondary school pupils should be included in the routine programme.

Q29 Is it safe for children to be given the nasal spray when a close family member has had a transplant?

A29 There is a theoretical potential for transmission of live attenuated virus to immunocompromised contacts for one to two weeks following vaccination. There has been extensive use of the live attenuated flu vaccine in United States with no reported transmission of the vaccine virus among immunocompromised patients inadvertently exposed to vaccinated children.

Shingles

Q30 Is it safe to have shingles vaccine if a close family member has had a transplant?

A30 Yes, however if the person vaccinated developed a vesicular rash, they should ensure that it is covered when in contact with immunosuppressed individuals. More information is available in Green Book chapter <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>

Q31 Is it safe for a patient who has had a splenectomy to receive the shingles vaccine?

A31 Yes unless the patient is considered immunocompromised due to the original illness that required them to have the splenectomy operation in the first place. However if in doubt, please seek further guidance from the secondary care clinicians and/or the GP about the patient's immune status.

Seasonal Flu

Q32 Timing of flu vaccine for patients on chemotherapy, and household contact entitlement?

A32 Individuals who have immunosuppression and HIV infection (regardless of CD4 count) should be given influenza vaccine in accordance with the recommendations and contraindications given in the green book <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>. Household members of immunosuppressed individuals are entitled to seasonal flu vaccination. If possible immunisation should be offered prior to commencement of chemotherapy.

Vaccination of pregnant women

Q33 Pertussis vaccination – any risk when mother breastfeeding?

A33 No, breastfeeding is not a contraindication.

Q34 How soon do you suggest vaccinating multiple pregnancy patients with pertussis?

A34 The ideal time for vaccinating to maximise antibody transfer in singleton pregnancies is 28-32 week. As multiple pregnancies tend to be delivered earlier than singletons, aim to be as close to, 28 weeks as possible – for optimal protection immunisation should be minimum 2 weeks prior to delivery. If no pertussis vaccination was received during pregnancy, vaccination can be given to the mother up to 8 weeks after birth (or until the baby receives their first pertussis immunisation).

Pharmacy

Q36 How can I make sure there is enough room in my fridge for the new vaccine stock?

A36 Please ensure your practice has considered their storage requirements to ensure fridge is never more than 2/3rds full even during busy flu season. Order on a regular basis, weekly deliveries are available. Practices should consider replacing older fridges as their function deteriorates over time and many fridges in use are now over 5 years old. Contact Pharmacy Public Health for advice if necessary.

Q37 What if I miss my deadline for placing my vaccine order?

A37 If you have missed your deadline please contact the PDC as may be possible to arrange to collect the vaccine yourself. The vaccine section is open from 8am to 4pm Monday to Friday **Tel. 0141 347 8981.**

Q38 Where do I get an individualised vaccine order form for my practice?

A38 An [order form](#) mailed to every practice early July. These are specific to each practice and cannot be shared with another practice. If you require a form please contact Pharmacy Public Health; **Tel.** Agata Janicka **0141 201 4464** or email Agata.janicka@ggc.scot.nhs.uk

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4917 or email marie.laurie@ggc.scot.nhs.uk