

## MMR and pneumococcal vaccines

### Q Can I give MMR to someone with an egg allergy?

A Yes. Recent data has shown that adverse incidents relating to MMR are not due to egg proteins, and current recommendation is that MMR is given in primary care to those with reported egg allergy. This is a change to previous guidance.

Ref [Green Book Chapter 21](#)

### Q Is MMR safe? Does it cause autism? Does it contain mercury?

A Whilst, as with all medicines, there can be serious adverse effects, these are very rare. Detailed epidemiological studies of children have demonstrated that there is no link between MMR and autism. There is no thiomersal or other mercury containing compound used in the MMR vaccine used in the UK.

### Q Is MMR safe for children with chronic conditions?

A Children with chronic conditions such as cystic fibrosis, congenital heart or kidney disease, failure to thrive or Down's syndrome are at particular risk from measles infection and should be immunised with MMR vaccine.

### Q What is the correct timing between doses of MMR?

A The routine schedule is for the first dose between 12 and 13 months, with booster dose from 3 years and 4 months. This schedule is designed to give the best immunological response.

MMR can be given at shorter intervals. The first dose can be given after child turns 1 year old, and the booster given 1 month later (3 months later if child is under 18 months old). This is the timing used for those with uncertain or incomplete immunisation histories.

### Q Can the MMR be given earlier as a travel vaccine?

A Yes. MMR can be given as a travel vaccine from 6 months of age to provide protection if child is travelling to an area with high level of circulating measles. As the vaccine will have been given under the age of 1 year, the child should receive immunisation with two further doses of MMR at the recommended ages to ensure long-lasting protection.

### Q When should pneumococcal vaccine be repeated?

A As advised in the Green Book, one of the clinical risk groups which should receive pneumococcal immunisation is the group with Asplenia/Dysfunction of the spleen (includes coeliac syndrome which may lead to splenic dysfunction). Antibody levels are likely to decline rapidly in individuals with no spleen, splenic dysfunction or chronic renal disease and therefore re immunisation with PPV23 is recommended every five years in these groups.

Ref [Green Book Chapter 25](#)

## Vaccine incidents, errors, and supplies

### Q There has been an error in vaccine administration, what should I do?

A In the vast majority of vaccine incidents there is no harm caused, beyond perhaps needing to give an additional vaccine and increased risk of localised reaction at the injection site. It is important to be open and honest with patients/parents. When an incident occurs, inform your line manager and call PHPU for further information and advice, including guidance on future vaccine schedule. When calling PHPU be sure to state that it relates to a vaccine error, as this will allow us to provide you with the required assistance as quickly as possible.

The incident should also be reported through local clinical governance mechanisms and reviewed and reflected on to ensure any lessons identified are put into practice to help minimise future errors.

NHS, [Health Protection Scotland vaccine incident guidance](#) advises on the actions to take in response to vaccine errors and considerations and general principles for revaccination