

## 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

**Q Parents are asking for single vaccines for measles/mumps/rubella/polio/diphtheria/tetanus etc, are these available?**

**A** Combination vaccines are safe and effective, and provide the best way of ensuring a child is fully protected, and as such Public Health cannot advocate the use of single vaccines. In addition for many of these infections the single vaccine is not available, including where the single vaccine is no longer manufactured (such as for measles, mumps and rubella.) Single measles, mumps and rubella vaccines are not available in the NHS, and GPs do not have access to them through the normal channels of licensed drugs.

## Cold Chain

**Q Our fridge has broken/vaccines were left out of the fridge/temperature readings have not been recorded, what are the next steps?**

**A** Cold chain incidents or fridge failures should be reported to Public Health Pharmacy who can provide information and advice on next steps.

Medicines Information main enquiry line: 0141 211 4407

The Storage, distribution and disposal of vaccines is comprehensively outlined in the [Green Book Chapter 3](#)

## Clinical risk groups

**Q What are the specific indications for immunisation in clinical risk groups?**

**A** Particular medical conditions or treatments may increase the risk of complications from certain infectious diseases. Individuals who have such conditions or receive such treatments may require additional protection, as outlined and recommended in the following links:

[Green Book Chapter 17](#)

[NHS Immunisation Complete Immunisation Schedule](#)

**Q Where is the MSM HPV vaccine programme being delivered?**

**A** The MSM HPV programme will be delivered opportunistically at Sexual Health Clinics. The human papillomavirus (HPV) vaccine is offered to all eligible men who have sex with men (MSM) attending sexual health clinics across Scotland. Clinics began offering the HPV vaccine at the beginning of July 2017. This is in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI), which recommends a targeted vaccination programme for MSM aged up to 45 who attend sexual health clinics.

Studies have shown that MSM aged up to 45 years who attend GUM or HIV clinics are at greater risk of HPV-associated cancers and genital warts. The HPV vaccine helps prevent infection that can cause genital warts and HPV-associated cancers. Vaccination is especially important for MSM who have multiple sexual partners.

**Q What are current recommendations for Hep A vaccination in MSM?**

**A** The existing 'Green Book' recommendation states that all MSM reporting multiple sexual partners should be offered Hepatitis A vaccination. It is now recommended that all MSM attending HIV, GUM or Sexual Health clinics should be opportunistically offered vaccination against Hepatitis A.