Incomplete and unscheduled immunisations

Q. A child has come from overseas/ was not brought for vaccines when younger, what vaccinations should I give now?

A. The aim is to devise a schedule that provides the necessary protection, and brings the child in line with the UK routine schedule as quickly as possible with the minimum number of visits. If there is no reliable history of vaccination, the PHE flow chart should be followed.
Children coming from developing countries will probably have received a measles-containing vaccine in their country of origin but may not have received mumps or rubella vaccines.

The PHE incomplete/unscheduled immunisations flow chart October 2019 provides the details of how to achieve this, depending on the age of the child.

Q. Do I need to repeat vaccine doses given previously?

A. If there is clear evidence that a vaccine dose has been given, there is no need to repeat that dose

Q. Do I need to restart a course if doses were delayed/not given?

A. No, generally there is no need to restart a course, just start from the point the previous course had been interrupted. There are a small number of exceptions to this, notably oral typhoid and cholera vaccines.

Q. Where do I find the routine immunisation schedules for other countries?

A. Routine schedules for most countries can be found on the WHO website

(To identify the routine vaccines in a specific **country** select it from the Drop down list, **select all vaccines** and press **ok**). However, just because a vaccine is listed on the schedule, it cannot be assumed that this was the schedule in force at the time an individual was vaccinated, nor that any individual received any particular vaccine without clear documentation of vaccination.

Q. Where do I find the tuberculosis incidence by country?

A. These can be found on the PHE website TB incidence by country

- check which countries have a high incidence of tuberculosis (TB)
- can help decide whether to give a BCG vaccination to children who have arrived in the UK from those countries

General Contra-indications

Q. Are there any contraindications which apply to all vaccines?

A. There are only two absolute contraindications that apply to all vaccines

- Confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens
- Confirmed anaphylactic reaction to another component of the vaccine.

There may be further contraindications for specific groups so the relevant Green Book Chapter/PGD should always be checked.

Q. What are the additional contraindications that apply to live vaccines?

A. Live vaccines may be contraindicated in those who are:

- Immunosuppressed
- Pregnant

Q. There are many misconceptions around contraindications – what situations are NOT contraindications?

A. The following are not considered contraindications:

- family history of any adverse reactions following immunisation
- previous history of the disease (with the exception of BCG for people who have evidence of past exposure to tuberculosis)
- contact with an infectious disease
- premature birth
- stable neurological conditions such as cerebral palsy and Down's syndrome
- asthma, eczema or hay fever
- mild self-limiting illness without fever, e.g. runny nose
- treatment with antibiotics or locally acting (e.g. topical or inhaled) steroids
- child's mother or someone in the household being pregnant
- currently breast-feeding or being breast-fed
- history of jaundice after birth
- under a certain weight
- being over the age recommended in the routine childhood immunisation schedule
- personal history of febrile convulsions or epilepsy
- close family history (parent or sibling) of febrile convulsions or epilepsy
- being a sibling or close contact of an immunosuppressed individual
- recent or imminent elective surgery
- imminent general anaesthesia
- unknown or inadequately documented immunisation history

(Whilst these are not contraindications, there may be precautions for specific vaccines. Check the appropriate Green Book chapter/PGD)

Q. Some vaccines are contraindicated in specific groups – which vaccines and in which groups?

A. Influenza and yellow fever vaccines are the only vaccines that are contraindicated for people who have a history of a severe (anaphylactic) allergy to eggs.

Individuals who have egg allergy may be at increased risk of reaction to some influenza vaccines.

Green Book Chapter 19 contains detailed information on administration of influenza vaccine in these patients.

Q. Is there a risk of potential exposure during administration of the live influenza vaccine (LAIV) to children and health care workers?

A. The PHE document, Information for head teachers and health care workers about the nasal flu vaccine and viral shedding (2015) outlines specific information on potential exposure during administration of the live flu vaccine and viral shedding post vaccination, to children with a weakened immune system and health care workers.

Excluding immunocompromised children from school during the period when LAIV is being offered is not necessary. The only exception to this would be a small number of children who are extremely immunocompromised (e.g. those who have just had a bone marrow transplant). These children are normally advised not to attend school anyway because of the higher risk of being in contact with other childhood infections that spread in schools.

Health care workers who are immunocompromised and those who are pregnant can safely administer the vaccine. As a precautionary measure, however, very severely immunocompromised healthcare workers should not administer LAIV.

Q. Are there any considerations to be given to a person's religious beliefs when offering Fluenz® nasal spray vaccine?

A. The nasal vaccine contains a highly processed form of pork gelatine as one of its additives. It is used in many essential medicines. The gelatine helps keep the vaccine virus stable to provide the best protection against flu. Many faith groups, including Muslim and Jewish communities, have approved the use of gelatine-containing vaccines. The nasal spray is much more effective for children than the vaccine injection, however, those who choose not to have it for religious reasons can ask for the injection see NHS Inform site

Q. How do I report an adverse reaction to a vaccine?

A. All medicines can cause side effects. The Yellow Card Scheme is vital in helping the MHRA monitor the safety of all healthcare products in the UK including vaccines, blood factors and immunoglobulin. Suspected adverse reactions (ADRs) to vaccines should be reported via the Yellow Card Scheme

Chapter 9 of the Green Book gives detailed guidance on which ADRs to report and how to do so.

Green Book Chapter 8 of the Green Book provides detailed advice on managing ADRs following vaccination

Pregnancy and post-natal period

Q. Which vaccines should be offered to pregnant women?

A. All pregnant women should be offered the seasonal flu vaccine (any stage during pregnancy), and pertussis-containing vaccine (ideally between weeks 16 and 32, but can be given up to two months after delivery if missed during pregnancy).

Q. Where will the vaccines be delivered to pregnant women?

A. Maternity Services in NHSGGC will commence vaccination of pregnant women on Monday 18th November 2019.Immunisation for flu and pertussis will be offered prospectively, to all women who book with NHSGGC maternity services from this date.

- Flu will be offered at the 12 week scan. Women attending the IRH Community Maternity Unit will be offered it at the booking visit.
- Whooping Cough (Pertussis) will be offered at the 20 week scan. Women attending the Vale of Leven Community Maternity Unit will be offered it at the 16 week antenatal appointment. Flu will also be offered at this visit to anyone who has not already received it. However, there remains a cohort of women who are eligible for vaccination, but who will already be beyond the 20 week scan on the 18th November. Maternity services are, in this pilot year of implementation, unable to offer ad hoc appointments outwith these agreed set touchpoints.

Therefore, for this group of women we require on-going support from General Practitioners. GPs should continue to provide vaccination of both flu and pertussis on request to ensure that all eligible women have the opportunity to be vaccinated in pregnancy.

Q. A woman had pertussis-containing vaccine during her last pregnancy, does she require to have it in a subsequent pregnancy?

A. Yes. The principle aim of the vaccination programme is to provide passive immunity to the unborn child, by inducing maternal antibodies which cross the placenta. The recommended vaccination period is chosen to maximise the amount of antibody that crosses the placenta.

From 1st April 2016, pertussis-containing vaccine should be offered to pregnant women from 16 weeks gestation, ideally after their foetal anomaly scan (usually at around 20 weeks). It is recommended that women should be offered the vaccine between gestational weeks 16 and 32 to maximise the likelihood that the baby will be protected from birth.

Women may still be immunised after week 32 of pregnancy until delivery but this may not offer as high a level of passive protection to the baby however, if not vaccinated earlier in pregnancy, vaccinating the mother between 38 weeks and two months **after** delivery will provide some extra protection by reducing the risk of the mother contracting pertussis.