GUIDELINE

# Immunisations

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| **Scope (Staff):** | Nursing and Medical Staff |
| **Scope (Area):** | NICU KEMH, NICU PCH, NETS WA |

**Child Safe Organisation Statement of Commitment**

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

**This document should be read in conjunction with this disclaimer**

## Contents



## Aim

To provide Neonatology staff a guide to immunisation schedule and criteria for infants within the neonatal units.

## Risk

Inadequate protection against preventable diseases.

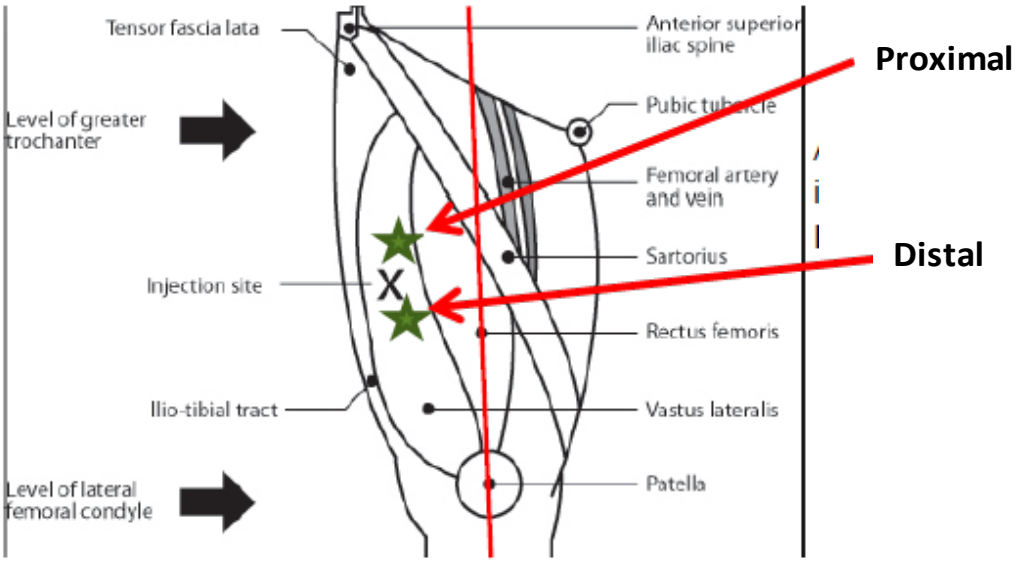
## Key points

- Informed written or verbal consent **must** be obtained prior to the administration of any immunisations and after a pre-vaccination check list is performed.

  Valid consent is gained following the provision of appropriate and reliable information regarding the procedure and potential risks.

  - Written consent must be filed in the patient record or a verbal consent must be documented in the clinical record by the person who obtained the consent. The consent process for vaccination enables a parent to make an informed decision.
  - Useful education tools, disease fact sheets and vaccination decision aids can be found at:

    **WA Health website:**
  - Immunisation information for consumers
    - Immunisation provider information and resources.
  - PCH Immunisation Service website
  - National Centre for Immunisation Research and Surveillance website
  - Melbourne Vaccine Education Centre website
- Refer to the Neonatal Medication Protocols and Neonatal Medication Administration for administration guidelines.
- 6-8 week immunisations are to be administered at 6 weeks of (chronological) age however, this can be delayed to 8 weeks of age if medically unwell.
- Pneumococcal vaccine (Prevenar13) is given at the same time as combined DTP/Hib/Hep B/IPV (Infanrix Hexa).
- When administering multiple injections (especially in the case of Aboriginal infants, who will receive 4 injections on the same day), injection sites should be separated by at least 2.5cm (proximal and distal) so that local reactions do not overlap.




- The location of each injection must be accurately recorded so that vaccines associated with local reaction can be differentiated.
- Example:
  - Right leg: Prevenar13 (proximal site) and Nimenrix (distal site)
  - Left leg: Infanrix Hexa (proximal site) and Bexsero (distal site)

- Vaccination should be postponed if there is an acute or febrile illness > 38°C or respiratory infection.
- Resuscitation equipment and drugs necessary for the management of anaphylaxis must be available prior to immunisation.
- For infants requiring elective surgery:
  - No vaccinations within 1 weeks before surgery.
  - Postoperatively and/or have received blood products - no vaccinations for 1 weeks.
- Infants receiving Meningococcal Vaccine B (Bexsero®) require three doses of Paracetamol to be prescribed and administered as described below.
  - Refer to Medication Administration guideline for intramuscular (IM) injection and subcutaneous (SC) procedures.

## Adverse Events

- In the event of anaphylaxis – call Code Blue immediately.
- For any adverse events following immunisation (AEFI):
  - Inform the infants treating team/neonatal Consultant

  - Document event in patient progress notes.
  - Refer to CAHS Allergy and Adverse Drug Reaction Management Policy for reporting requirements.
- Report any significant adverse event to the Western Australian Vaccine Safety Surveillance (WAVSS) system via the online SAFEVAC portal.

## Document Immunisation in the Following Places

- Medication Chart
- Infant's progress notes.
- Observation chart.
- Neonatal Discharge Assessment (MR 430).
- Infant's child health book - immunisation record.
- Neonatal Immunisation Register.

All immunisations are to be recorded on the Australian Immunisation Register (AIR online) by;

- Ward 3B – Clinical Nurse Specialists
- KEMH – Clinical Nurse Consultants

## Resource Clinics

Stan Perron Immunisation Centre:

- Hospital medical and nursing staff will use all clinical outpatient encounters to assess immunisation status and promote attendance to the Stan Perron Immunisation Centre (SPIC), a drop-in clinic located at PCH, Level 1, Clinic D. Parents/siblingswho are eligible for vaccination under any Department of Health approved program on the WA Immunisation Schedule can be vaccinated at SPIC.

PCH Specialist Immunisation Clinic:

- Provides clinical review of patients with complex immunisation requirements including those with high risk medical conditions requiring individualised immunisation plans, children who have experienced or are at risk of an AEFI, children with needle anxiety, and vaccine hesitant families.
- This clinic requires a medical referral.

## Cold Chain Breaches

- Any cold chain breach must be reported to the relevant Pharmacy: PCH for Ward 3B, and KEMH for KEMH units.

- All vaccines must be stored in a centrally monitored, temperature-controlled fridge.

## Vaccines

- The following resources should be consulted to review the most up to date recommendations for infant vaccination, including the current WA Immunisation Schedule and product information:
  - WA Immunisation Schedule
  - Australian Immunisation Handbook

| **Recommended Vaccination Schedule** | | Additional Information |
|---|---|---|
| Birth to Day 7 | **Hepatitis B** (Infants < 1000 grams or critically unwell receive the 1st Hep B vaccine at 2 months).<br>The vaccine must be prescribed by medical staff. | • Infants born to Hepatitis B positive mothers are to have Hepatitis immunoglobulin (HBIG) in conjunction with the initial Hepatitis B Vaccine, on the day of birth. Additional information on dosage and timing of HBIG can be found in the Hepatitis B Virus (HBV): Care of the infant born to a HBV positive woman Guideline.<br>• For infants born <32 weeks gestation and/or birth weight <2000g; a 5th dose of Hepatitis B vaccine is required at 12 months of age. |
| 6 weeks | **Infanrix Hexa** (Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus influenzae Type B & Polio) | Infants receiving immunisations are to have a full set of observations taken prior to immunisation.<br>Continuous cardiac monitoring for 48 hours following immunisation. |
| | **Prevenar13** (Pneumococcal disease) | |
| | **Rotarix (ORV)** (Rotavirus) | Observe the infant for 15 minutes post administration for anaphylaxis.<br>See additional information below |
| **Aboriginal only** | **Nimenrix** (Meningococcal ACWY)<br>**Bexsero** (Meningococcal B) | Fever is common following immunisation with Bexsero, especially in young infants; prophylactic Paracetamol is recommended at the time of administration of the vaccine, with 2 subsequent doses 6 hours apart, even if the infant does not develop a fever. Prophylactic paracetamol is to be prescribed at the same time immunisations are prescribed. |
| 4 Months | **Infanrix Hexa**<br>**Prevenar13**<br>**Rotarix (ORV)** | As per above |
| | | Observe the infant for 15 minutes post administration for anaphylaxis.<br>See additional information below |
| **Aboriginal only** | **Nimenrix** (Meningococcal ACWY) | As per above |

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| | **Bexsero** (Meningococcal B) | |
| 6 Months | **Infanrix Hexa** | As per above |
| **Additional dose recommended for** | **Prevenar13**<br>• preterm infants born less than 28 weeks gestation;<br>• for Aboriginal and Torres Strait Islander infants;<br>• patients with Medical Risk Conditions – refer to Australian Immunisation Handbook | As per above |

## Rotavirus Vaccine

- The 1st dose should not be given later than 14 weeks of age (i.e. prior to turning 15 weeks old),
- And, the 2nd dose should be given by 24 weeks of age (i.e. prior to turning 25 weeks old).
- The interval between the 2 doses should not be less than 4 weeks.

Rotavirus vaccine is administered to induce immunity against human rotavirus gastroenteritis and its complications. Vaccine viruses replicate in the intestinal mucosa and can be shed in the stool of vaccine recipients, particularly after the 1st dose. Vaccine virus shedding is common with Rotarix and is detected in the stool a week after vaccination in up to 80% of 1st dose recipients, and in up to 30% of 2nd dose recipients. However, there have been no reports of infection with wild-type rotavirus, even when the vaccine is administered to premature neonates in a NICU setting. Standard precautions (i.e. glove use when handling soiled nappies and hand washing) should be adhered to.

Specific contraindications and precautions to Rotavirus vaccine are listed in the Australian Immunisation Handbook and include:

- History of intussusception
- Congenital abnormality that may predispose to intussusception
- Severe combined immunodeficiency

## BCG (Tuberculosis) Vaccine

In Perth, BCG vaccine is accessed through the WA Tuberculosis Control Programme, via referral to the Anita Clayton Centre, 9222 8500.

BCG immunisation is not routinely offered to all infants. Indications for BCG within the Australian context include:

- Infants who are household contacts of a person with leprosy (Hansen's Disease).
- Infants who are travelling to countries with high tuberculosis incidence.
- Aboriginal and Torres Strait Islander infants who reside in certain parts of Australia. See the Australian Immunisation Handbook for additional information.

Infants who may be indicated to receive BCG vaccine should be discussed with the Infectious Diseases Team.

BCG vaccination is only to be administered by appropriately trained and certified health care providers. Commencement of the immunisation schedule required to induce protective antibody formation is recommended at 8 weeks postnatal age except under extraordinary circumstances.

## Respiratory Syncytial Virus (RSV) immunisation

Respiratory syncytial virus (RSV) infection is a notifiable infectious disease in Western Australia. Nirsevimab should be administered to all eligible infants in preparation for discharge from hospital

Eligibility for Nirsevimab:

- All infants entering their first RSV season (born on or after 1st October 2023 – 30th April 2024)
- All newborns entering the current RSV season (born on or after 1st May 2024 – 30th Sept. 2024)
- For children entering their second RSV season (born on or after 1st Oct 2022 – 30th Sept 2023) with a medical risk condition as defined by WA Health.
- Aboriginal or Torres Strait Islander children (born on or after 1st October 2022 – 30th Sept 2024)

Record Nirsevimab in the Australian Immunisation Register (AIR)

Consumer information sheet - Nirsevimab – What parents need to know (health.wa.gov.au)

See WA Department of Health Respiratory Syncytial Virus (RSV) immunisation (health.wa.gov.au)

| Related CAHS internal policies, procedures and guidelines |
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| CAHS Policy - Immunisation Service<br>Neonatal Clinical Guideline Medication Administration<br>Hepatitis B Virus (HBV): Care of the infant born to a HBV positive woman Guideline. |

| References and related external legislation, policies, and guidelines |
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| Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, https://immunisationhandbook.health.gov.au/<br>WNHS Neonatal Medication Monograph<br>• Hepatitis B Vaccine<br>• Pneumococcal Conjugate Vaccine, 13-Valent (Prevenar)<br>• Rotavirus Vaccine (Rotarix)<br>• Meningococcal Vaccine Group A, C, W135, Y (Nimenrix®).<br>• Meningococcal Vaccine B (Bexsero®) |

- Paracetamol
- Nirsevimab

| Useful resources (including related forms) |
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| Allergy and Adverse Drug Reaction Management Policy<br>Immunisation Handbook<br>SAFEVAC portal.<br>Stan Perron Immunisation Centre<br>PCH Specialist Immunisation Clinic<br>Anita Clayton Centre |

This document can be made available in alternative formats on request.

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