

# IMMUNISATIONS • 1/3

## ROUTINE IMMUNISATIONS FOR ALL BABIES

- Plan to achieve immunity to diphtheria, tetanus, pertussis, (DTaP), polio, haemophilus (Hib), meningococcus B, pneumococcus, rotavirus and hepatitis B within 4 months of birth (see also **BCG immunisation** and **Hepatitis B and C** guidelines)
- See Department of Health **Immunisation against Infectious Diseases 'Green Book'** for national policy and for current schedule see <https://www.gov.uk/government/collections/immunisation>

*Do not delay immunisation in preterm babies because of prematurity or low body weight*

## CONTRAINDICATIONS

- Cardiorespiratory events (apnoeas, bradycardia and desaturations) are not contraindications to immunisation, but continue to monitor for a further 72 hr following immunisation
- See **Precautions with rotavirus vaccine**

## PROCEDURE

### Consent

- Inform parents of process, benefits and risks
- For further information refer parents to [www.nhs.uk/conditions/vaccinations](http://www.nhs.uk/conditions/vaccinations)
- Offer parents opportunity to ask questions
- Informed consent (can be written or oral) must be obtained and recorded in notes at time of each immunisation
- Complete 'unscheduled immunisation form' before immunisation and send to local Child Health Information

### Prescription

- Use immunisation listed in 'Green Book' – see **Routine immunisations for all babies**
- Keep strictly to schedule to avoid delay
- Order vaccines in advance unless held as stock on NNU
- Prescribe on treatment sheet

### Administration

- DTaP/IPV/Hib/HepB (Infanrix hexa<sup>®</sup>) is a 6-in-1 preparation
- Administer by IM injection into thigh give  $\geq 2.5$  cm apart from other vaccines
- Dose for all primary immunisations (DTaP/IPV/Hib/HepB), meningococcal B, pneumococcal) is 0.5 mL
- Give meningococcal B (Bexsero<sup>®</sup>) and pneumococcal (Prevenar 13<sup>®</sup>) vaccine into separate injection sites in other thigh
- Rotavirus vaccine must **not** be injected and preferably **not** given via an NGT
- assess ability to tolerate oral administration

## DOCUMENTATION

- After immunisation, document the following in case notes as well as in Child Health Record (Red Book):
  - consent gained from parents
  - vaccine given and reasons for any omissions
  - site of injection(s) in case of reactions
  - batch number of product(s)
  - expiry date of product(s)
  - legible signature of doctor administering immunisations
  - adverse reactions
- Sign treatment sheet
- Complete immunisation form in **BadgerNet** system. Document all information on discharge summary and medical case notes, including recommendations for future immunisations and need for any special vaccinations, e.g. influenza, palivizumab, etc.
- Notify Child Health Information System (CHIS)

## MONITORING

- Babies born <28 weeks may have an impaired immune response. Check functional antibodies 1 month after booster at aged 1 yr, if needed

## IMMUNISATIONS • 2/3

- Babies <28 weeks' gestation at birth, who are in hospital – respiratory monitoring for 48–72 hr when given first routine immunisations
- If baby has apnoea, bradycardias or desaturations after first routine immunisations, second immunisation should ideally be given in hospital with respiratory monitoring for 48–72 hr

### ADVERSE REACTIONS

- Local:
  - extensive area of redness or swelling
- General:
  - fever >39.5°C within 48 hr
  - anaphylaxis
  - bronchospasm
  - laryngeal oedema
  - generalised collapse
  - episodes of severe apnoea
  - diarrhoea
  - irritability
  - vomiting
  - flatulence
  - loss of appetite
  - regurgitation

#### Specific notes for rotavirus vaccination

- Do not give Rotarix<sup>®</sup> to infants aged <6 weeks
  - minimum age for first dose of Rotarix<sup>®</sup> is 6<sup>+0</sup> weeks
  - maximum age for first dose is 14<sup>+6</sup> weeks
- Do not give first dose of Rotarix<sup>®</sup> to infants aged ≥15<sup>+0</sup> weeks. Infants who have received their first dose of vaccine aged <15<sup>+0</sup> weeks should receive their second dose of Rotarix<sup>®</sup> after a minimum interval of 4 weeks and by aged 23<sup>+6</sup> weeks
- Do not give Rotarix<sup>®</sup> vaccine to infants aged ≥24<sup>+0</sup> weeks

#### Precautions with rotavirus vaccination

- Postpone administration of rotavirus vaccine in infants suffering from:
  - acute severe febrile illness
  - acute diarrhoea or vomiting
  - 1<sup>st</sup> dose must be given aged ≤15 weeks
- Do not administer Rotarix<sup>®</sup> to infants with:
  - confirmed anaphylactic reaction to a previous dose of rotavirus vaccine
  - confirmed anaphylactic reaction to any components of the vaccine
  - history of intussusception
  - aged ≥24<sup>+0</sup> weeks
  - severe combined immunodeficiency disorder (SCID)
  - malformation of the gastrointestinal tract that could predispose them to intussusception
  - rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency

## ADDITIONAL IMMUNISATIONS

### Influenza (in autumn and winter only)

#### Indications

- Chronic lung disease (on, or recently had, oxygen)
- Congenital heart disease, renal, liver or neurological disease
- Immunodeficiency

#### Recommendations

- Recommend vaccination to close family members of these babies
- Give babies aged >6 months–2 yr, 2 doses 4–6 weeks apart, IM injection
- **Note:** intranasal flu vaccine is now routinely recommended for children aged ≥2 yr

# IMMUNISATIONS • 3/3

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**Palivizumab**

See **Palivizumab** guideline

**BCG**

See **BCG immunisation** guideline

**Hepatitis B**

See **Hepatitis B and C** guideline for infants born to mothers with these infections

**HIV**

- Babies who are HIV infected, or HIV exposed (born to HIV positive mother) and status not yet known:
  - routine immunisations including rotavirus vaccine not contraindicated
  - if BCG indicated [see BCG immunisation guideline](#). If infant deemed to be low risk or very low risk of HIV transmission, do not delay BCG immunisation

**Routine immunisation schedule aged ≤16 weeks**

See <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>