



## CLINICAL GUIDELINE

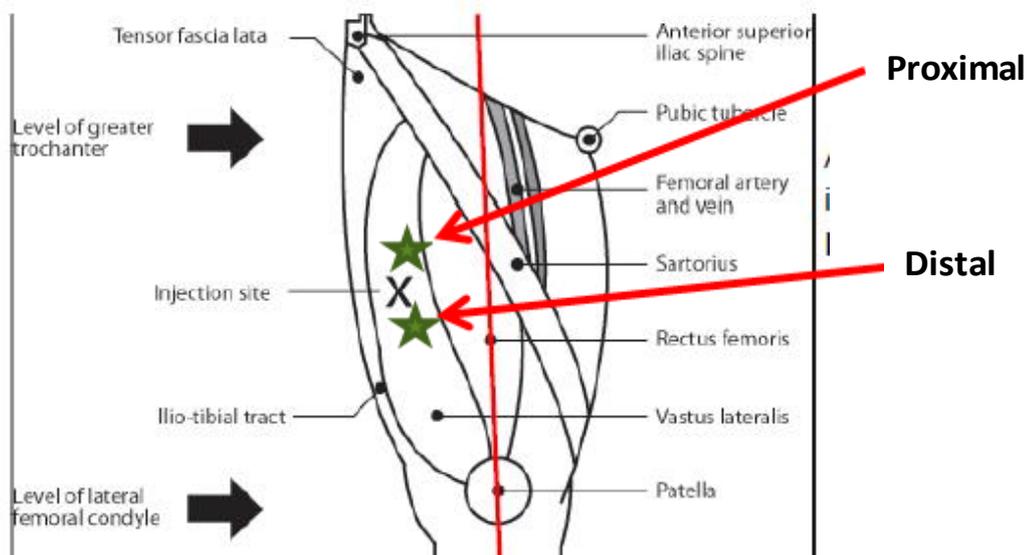
### Immunisations

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA
<b>Child Safe Organisation Statement of Commitment</b> The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

This document should be read in conjunction with this [DISCLAIMER](#)

### Key Points

- Parental consent must be obtained prior to all immunisations. The consent process for vaccination enables a parent to make an informed decision.
- Literature for parents to read on immunisation is located in the purple child health record.
- Refer to the Neonatal [Medication Protocols](#) and Neonatal [Medication Administration](#) for administration guidelines.
- 6 week immunisations are to be administered at 6 weeks of age however, this can be delayed to 8 weeks of age if medically unwell.
- Pneumococcal vaccine ([Prevenar](#)) 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: Prevenar (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.
- Cardiac infants:
  - For infants booked for elective surgery - no vaccinations within 3 weeks before surgery.
  - Postoperatively and/or have received blood products - no vaccinations for 3 weeks.
- Infants receiving Meningococcal Vaccine B (Bexsero®) require three doses of [Paracetamol](#) to be prescribed and administered as described below.
- See here for [Medication Administration](#)

### 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.

<a href="#"><u>Recommended Vaccination Schedule</u></a>	
Birth to Day 7	<b>Hepatitis B</b> (Infants < 1000 grams or critically unwell receive the 1st Hep B vaccine at 2 months)
6 weeks	<b>Infanrix Hexa</b> (Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus influenzae Type B & Polio) <b>Prevenar</b> (Pneumococcal disease) <b>Rotarix (ORV)</b> (Rotavirus)
<b>Aboriginal only</b>	<b>Nimenrix</b> (Meningococcal ACWY) <b>Bexsero</b> (Meningococcal B)
4 Months	<b>Infanrix Hexa</b> <b>Prevenar</b> <b>Rotarix (ORV)</b>
<b>Aboriginal only</b>	<b>Nimenrix</b> (Meningococcal ACWY) <b>Bexsero</b> (Meningococcal B)
6 Months	<b>Infanrix Hexa</b> <b>Prevenar</b>

## Hepatitis B Vaccine

Refer to Neonatal Medication Protocols - [Hepatitis B Vaccine](#)

Give at birth or in the first 7 days of life (Infants < 1000 grams or critically unwell receive 1<sup>st</sup> Hep B Vaccine at 2 months).

- The vaccine must be prescribed by medical staff.
- Infants born to Hepatitis B positive mothers are to have Hepatitis immunoglobulin in conjunction with the initial Hepatitis B Vaccine, on the day of birth.
- For infants born <32 weeks gestation and/or birth weight <2000g; a 5<sup>th</sup> dose of Hepatitis B vaccine is required at 12 months of age if the antibody titre is low.

## Combined Triple Antigen/Hep B/Haemophilus Influenzae Type B/Poliomyelitis Vaccine (Infanrix Hexa)

Refer to Neonatal Medication Protocols - [Combined Diphtheria-Tetanus-Acellular Pertussis \(DTPa\), Hepatitis B, Poliovirus and Haemophilus Influenzae Type B Vaccine \(Infanrix Hexa\)](#)

Can be given at 6-8 weeks of age. Vaccines to be ordered by medical staff (see Medication Protocols).

- Infants receiving immunisations are to have a full set of observations taken prior to immunisation.
- Continuous cardiac monitoring for 48 hours following immunisation.

## Pneumococcal Vaccine

Refer to Neonatal Medication Protocols - [Pneumococcal Conjugate Vaccine, 13-Valent \(Prevenar\)](#)

Aim is to reduce the risk of acquiring pneumococcal disease including pneumonia, meningitis, septicaemia, and lower/upper respiratory tract infections e.g. Otitis media & sinusitis.

- Pneumococcal Vaccine should be given at the same time as the other 6-8 week and 4 month vaccines. Pneumococcal Vaccine should be administered in the opposite leg to Infanrix hexa.
- Infants receiving pneumococcal immunisation are to have a full set of observations taken prior to immunisations.
- Continuous cardiac monitoring for 48 hours following immunisation.
- If a transient fever occurs, Paracetamol may need to be administered.

## Rotavirus Vaccine

Refer to Neonatal Medication Protocols - [Rotavirus Vaccine \(Rotarix\)](#)

The vaccination course of Rotarix consists of 2 doses, at 6-8 weeks and 4 months of age. 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.

It 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. Standard precautions (i.e glove use when handling soiled nappy and hand washing) should be adhered to.

Observe the infant for 15 minutes post administration for anaphylaxis.

## Meningococcal ACWY Vaccine

### For Aboriginal and Torres Strait Islander Infants ONLY

Refer to Neonatal Medication Protocol – [Meningococcal Vaccine Group A, C, W135, Y \(Nimenrix®\)](#).

Immunisation to prevent meningococcal disease caused by Neisseria meningitides, serogroups A,C, W & Y.

All Indigenous infants are eligible for meningococcal immunisation at 6-8 weeks, 4 months (and 12 months).

- Should be given at the same time as the other 6-8week & 4 month immunisations.
- Infants receiving meningococcal vaccine are to have a full set of observations taken prior to immunisation.
- Monitor continuously for 48 hours following immunisation.

## Meningococcal B Vaccine

### For Aboriginal and Torres Strait Islander Infants ONLY

Refer to Neonatal Medication Protocol – [Meningococcal Vaccine B \(Bexsero®\)](#)

Immunisation to prevent invasive meningococcal disease caused by Neisseria meningitides serogroup B.

All Indigenous infants are eligible for this vaccination at 6-8 weeks, 4 months (and 12 months).

- The vaccine should be administered at the same time as the other 6-8 week and 4 month immunisations.
- 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.
- Infants should have a full set of observations prior to immunisation.
- Monitor continuously for 48 hours following immunisation.

## BCG (Tuberculosis) Vaccine

BCG immunisation is not routinely offered to all infants. It is indicated in the following infants:

- Infants of parents with Hansen's disease or a family history of Hansen's disease.
- Infants of migrants who have arrived from countries with a high incidence of tuberculosis in the last 5 years, or infants who have household contact with such people.

If there is any doubt as to the administration of BCG, refer to the [Anita Clayton Centre](#) on 9222 8500

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.

### Related CAHS internal policies, procedures and guidelines

CAHS Policy - [Immunisation Service](#)

Neonatal Clinical Guideline [Medication Administration](#)

### References and related external legislation, policies, and guidelines

Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, <https://immunisationhandbook.health.gov.au/>

WNHS Neonatal Medication Protocols

- [Hepatitis B Vaccine](#)
- [Pneumococcal Conjugate Vaccine, 13-Valent \(Prevenar\)](#)
- [Rotavirus Vaccine \(Rotarix\)](#)
- [Meningococcal Vaccine Group A, C, W135, Y \(Nimenrix®\).](#)
- [Meningococcal Vaccine B \(Bexsero®\)](#)
- [Paracetamol](#)

### Useful resources

[Immunisation Handbook](#)

[WA Immunisation Schedule](#)

[PCH Specialist Immunisation Clinic](#)

[Anita Clayton Centre](#)

This document can be made available in alternative formats on request for a person with a disability.

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## Healthy kids, healthy communities

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