

Practice Nurse Immunisation Update

Practice Nurse Update


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Managing Childhood Immunisation Clinics – Best Practice Guidelines – RCN Sept 2018

- Before giving a vaccine always check:
- Remember your 8 Rs
- Right patient
- Right vaccine and diluent (where applicable)
- Right to give (ie, no contraindications)
- Right time (including correct age and interval, as well as before the product expiration date)
- Right dose
- Right route (including correct needle gauge and length and technique)
- Right site
- Right documentation (to ascertain what the patient has already had/needs)

Vaccine Update Search Index



 Public Health
England




VACCINE UPDATE

Article Index


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This is an index of the topics covered by Vaccine update including revised guidance, policy and programme implementation information. It has been designed so that you can search VU content specifically. It is important to always refer to the most recent advice.

Latest editions

		
June 2019	May 2019	April 2019

Last updated: June 2019

 Adobe Acrobat Reader is required to access all functions within this document.

Updated guidance on immunisation training

- National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners
- Revised February 2018
- [file:///C:/Users/marga/Desktop/Training standards and core curriculum immunisation.pdf](file:///C:/Users/marga/Desktop/Training%20standards%20and%20core%20curriculum%20immunisation.pdf)

	Competency Assessment Tool: Registered Staff - For staff registered on a professional register such as NMC , GMC, HCPC, GPhC	Not applicable (NA) to current area of practice	Self-assessment Record: met (M) or needs to improve (NI) (initial & date)	Supervisor review Record: met (M) or needs to improve (NI) (initial & date)	Record action plan for any assessed as 'needs to improve' (as agreed with supervisor)
	Part 1: Knowledge		Self-Assessment	Supervisor review	
1a	Can provide evidence of attendance at a specific, comprehensive immunisation training course. (The course should cover all of the topics detailed in the "Core Curriculum for Immunisation Training") and/or provide evidence of completing an immunisation eLearning programme (state the name of course/type of training attended).				
1b	Has successfully completed a knowledge assessment e.g. an e-learning course assessment, end of course test, etc				
1c	Able to access the online Green Book and is aware of the electronic update nature of this publication.				
1d	Able to access other relevant immunisation guidance e.g. DH/PHE/NHS England letters, Vaccine Update, Q&As on new or revised vaccine programmes, the PHE algorithm for persons with unknown or uncertain immunisation status, or Wales and NI equivalents.				
1e	Knows who to contact for advice if unsure about vaccination schedules, vaccine spacing and compatibility, eligibility for vaccines or if a vaccine error occurs (e.g. local Screening and Immunisation team, PHE Health Protection Team, other locally available immunisation lead or Wales and NI equivalents).				
1f	Able to access current information on other countries' schedules if required (e.g. World Health Organisation (WHO) or the European Centre for Disease Control (ECDC) websites) and can advise patients and/or parents/carers if any additional vaccines are needed.				
1g	Able to discuss the relevant national and local immunisation programmes and the diseases for which vaccines are currently available. Aware of programmes for specific clinical risk groups and use of vaccination in outbreak situations. Knows where to refer to if vaccines are not available locally (e.g. BCG or travel vaccines).				
1h	Is able to advise on appropriate safe, timely administration of the vaccine(s) required by the patient.				
1i	Understands the different types of vaccine, is able to state which vaccines are live and which are inactivated and is aware of the different routes of administration e.g. injected, intranasal or oral.				
1j	Able to explain the general principles of immunisation e.g. why multiple and/or booster doses are required, why intervals need to be observed between doses and why influenza vaccine needs to be given annually.				
	Aware of local and national targets for immunisation uptake and why				



Sections

Immunisation

An interactive e-learning programme to support the training of healthcare professionals involved in advising on and/or delivering immunisations across the life course



This programme is in partnership with...



Public Health
England



Royal College
of Nursing

RCPCH

Royal College of
Paediatrics and Child Health



UCL
Great Ormond Street
Institute of Child Health



NHS
National Health Service



HSC
Public Health
Agency

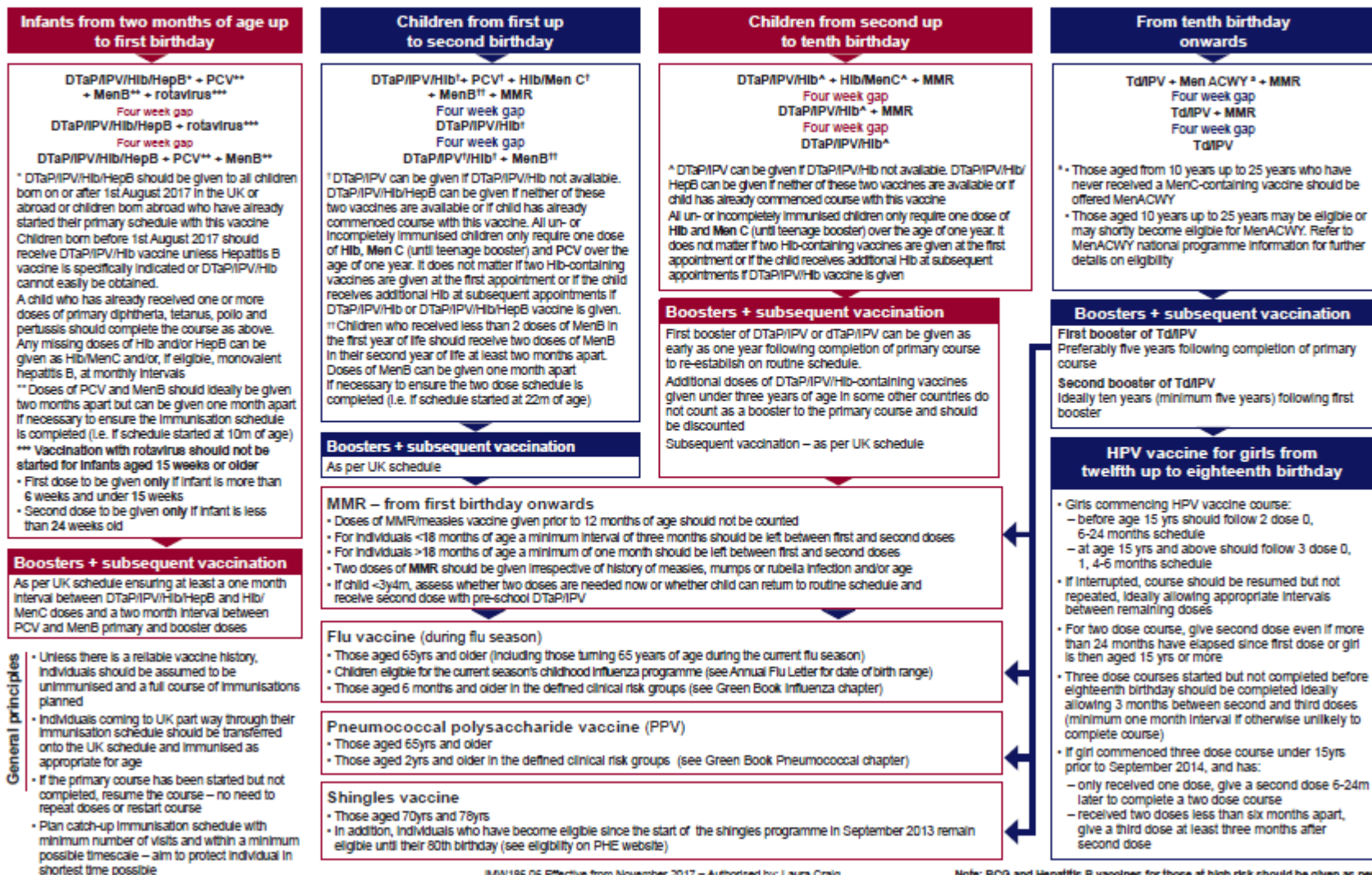
HCA Guidance

- National minimum Standards and Core curriculum for immunisation training of healthcare support workers
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464033/HCSW Training Standards September 2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464033/HCSW_Training_Standards_September_2015.pdf)

Uncertain or Incomplete schedule

Vaccination of individuals with uncertain or incomplete immunisation status

For online Green Book, see www.gov.uk/government/organizations/public-health-england/series/immunisation-against-infectious-disease-the-green-book • For other countries' schedules, see http://apps.who.int/immunization_monitoring/globalsummary/



MMV186.06 Effective from November 2017 – Authorised by: Laura Craig

Note: BCG and Hepatitis B vaccines for those at high risk should be given as per Green Book recommendations and have therefore not been included in this algorithm

Updated Routine Schedule

The routine immunisation schedule			from Autumn 2018	
Age due	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPv/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPv/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPv/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ² or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups ¹	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{2,3}	Fluenz Tetra ^{2,3}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPv	Infanrix (IPV or Repevax)	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ² or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Menomrix or Menveo V	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumococcal Polysaccharide Vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax ²	Upper arm

1. See Green book chapter 19 or visit www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine/
 2. Contains porcine gelatine.
 3. If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine.

All vaccines can be ordered from www.immform.dh.gov.uk free of charge except influenza for adults and pneumococcal polysaccharide vaccine.

Immunisation

The safest way to protect children and adults

NHS

SouthWest Screening & Immunisation Team, Public Health England

For routine immunisation enquiries, incidents and advice
contact the

PHE SouthWest Screening & Immunisation Team:

England.swscreeningandimms@nhs.net

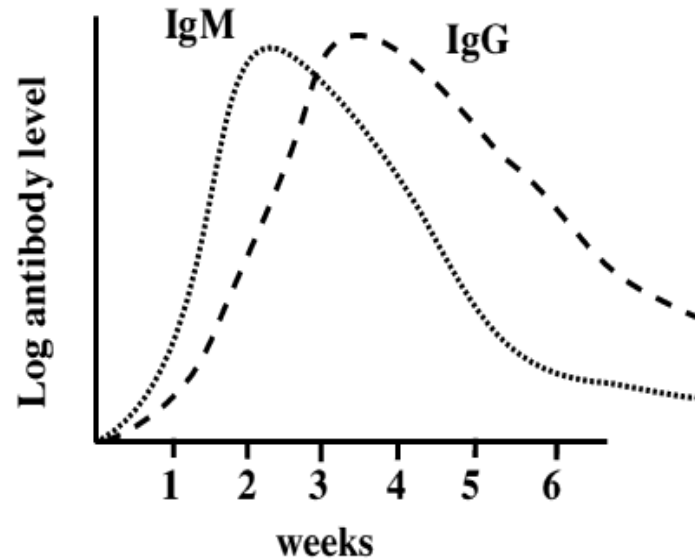
International immunisation schedules comparison tool

- <https://www.gov.uk/government/publications/uk-and-international-immunisation-schedules-comparison-tool>

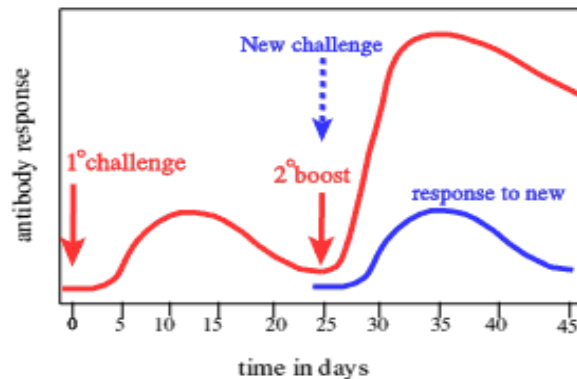
Video

- <https://www.bbc.co.uk/news/av/health-48682113/immunisation-why-we-do-it-and-how-herd-immunity-works>

Primary immune response



**Specific memory is the hallmark
of the adaptive immune response**



- Primary immune response develops in the weeks following first exposure to an antigen

- Mainly IgM antibody

- Secondary immune response is faster and more powerful

- Predominantly IgG antibody

Interval Spacing of vaccines

- Doses of the same inactivated vaccine – 4 weeks apart
(or 8w for PCV & Men B)
- Live vaccines – If giving yellow fever 4 weeks apart
- No interval need be observed between:
 - live and inactivated vaccines
 - doses of different inactivated vaccines

Yellow Fever and MMR

- A four week minimum interval period should be observed between the administration of these two vaccines.
- Yellow Fever and MMR should not be administered on the same day.

Vaccine composition

- In addition to the antigen, vaccines may contain some or all of
- the following components:

Component	Purpose	Example
Adjuvants	enhance the immune response to a vaccine	MF59, aluminium salts, aluminium phosphate & potassium aluminium sulphate
Taste improvers	Improve taste of the vaccine	sugar
Additives	stabilise vaccines from adverse conditions such as freeze-drying or heat, thereby maintaining a vaccine's potency	gelatine
Residuals from manufacturing process	Inactivating agents Antibiotics - prevent bacterial contamination during manufacturing process Egg proteins- some vaccine viruses are grown in chick embryo cells	formaldehyde neomycin, streptomycin, polymyxin B influenza, yellow fever

Aluminium salts are found in these vaccines used routinely in the UK.

- [6-in-1 vaccine](#): Infanrix Hexa
- [PCV \(pneumococcal conjugate vaccine\)](#): Prevenar 13
- [MenB vaccine](#): Bexsero
- [Pre-school Booster vaccines](#): Repevax, Infanrix IPV and Boostrix-IPV (0
- [HPV vaccine](#): Gardasil
- [Teenage Booster vaccine](#): Revaxis
- [HepB vaccine](#): HBVaxPro

Fluad vaccine

- The main ingredient in MF59 is squalene oil, a naturally-occurring oil found in humans, plants and animals. The squalene oil in MF59 comes from fish oil and is highly purified before it is used

Formaldehyde – vaccine ingredient

- [6-in-1 vaccine](#) (Infanrix Hexa)
- [Hepatitis B vaccine](#) (HBVaxPro)
- [Pre-school Booster vaccines](#) (Repevax)
- [Teenage Booster vaccine](#) (Revaxis)

References

- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766685/Greenbook chapter 1 002_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766685/Greenbook_chapter_1_002_.pdf)
- <http://vk.ovg.ox.ac.uk/vaccine-ingredients>

Resources

- Oxford Vaccine Group
- www.ovg.ox.ac.uk