## Bits and Pieces

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20<sup>th</sup> May 2025



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South West Collaborative Commissioning Hub

## Toolkit for the management of patients with unknown or incomplete immunisation histories

South West Immunisation Clinical Advice Response Service (ICARS) 2024

## Vaccines translated from multiple countries

| Albanian        |            |  |  |  |
|-----------------|------------|--|--|--|
| Difteria        | Diphtheria |  |  |  |
| Fruthi          | Measles    |  |  |  |
| Pertusisi       | Pertussis  |  |  |  |
| Tetanozi        | Tetanus    |  |  |  |
| Arabic          |            |  |  |  |
| Alhasiba        | Rubella    |  |  |  |
| As'al           | Pertussis  |  |  |  |
| Athab           | Mumps      |  |  |  |
| Difteria        | Diphtheria |  |  |  |
| El Safra        | Hepatitis  |  |  |  |
| Has 'ba         | Measles    |  |  |  |
| Shel'el         | Polio      |  |  |  |
| Bosnian         |            |  |  |  |
| Beseže          | BCG        |  |  |  |
| Detepe          | DPT        |  |  |  |
| Difterija       | Diphtheria |  |  |  |
| Dječja paraliza | Polio      |  |  |  |
| Gripa           | Influenza  |  |  |  |
| Male boginje    | Rubella    |  |  |  |
| Ospice          | Measles    |  |  |  |
| Rubeola         | Rubella    |  |  |  |
| Upala pluća     | Pneumonia  |  |  |  |
| Veliki boginje  | Smallpox   |  |  |  |
| Veliki kašalj   | Pertussis  |  |  |  |
| Zauške          | Mumps      |  |  |  |

| Parotitida           | Mumps        |  |  |  |
|----------------------|--------------|--|--|--|
| Pertuse              | Pertussis    |  |  |  |
| Poliomyelitis        | Polio        |  |  |  |
| Plané Nestovice      | Chickenpox   |  |  |  |
| Spalnicky            | Measles      |  |  |  |
| Subinuira            | Influenza    |  |  |  |
| Zardenky             | Rubella      |  |  |  |
| Zaškrt               | Diphtheria   |  |  |  |
| Zlutá Zimnice        | Yellow Fever |  |  |  |
| Danish               |              |  |  |  |
| Bornelammelse        | Polio        |  |  |  |
| Difteritis           | Diphtheria   |  |  |  |
| Faaresyge (Fåresyge) | Mumps        |  |  |  |
| Kighoste             | Pertussis    |  |  |  |
| Leverbetaendelse     | Hepatitis    |  |  |  |
| Meslinger            | Measles      |  |  |  |
| MFR                  | MMR          |  |  |  |
| Rode Hunde           | Rubella      |  |  |  |
| Stivkrampe           | Tetanus      |  |  |  |
| Dutch                |              |  |  |  |
| BMR                  | MMR          |  |  |  |
| Bof                  | Mumps        |  |  |  |
| Difterie             | Diphtheria   |  |  |  |
| DKTP                 | DTP + IPV    |  |  |  |
| Gelekoorts           | Yellow Fever |  |  |  |
| Gordelroos           | Varicella    |  |  |  |
|                      |              |  |  |  |

## Updated chapters in the Green Book

- Pertussis June 2024
- Varicella Sept 2024
- Consent Nov 2024
- Changes to the section on disagreement between parents to clarify the role Gillick competency

If the health professional giving the immunisation felt a child was not Gillick competent then the consent of someone with parental responsibility would be sought.

## Updated chapters in the Green Book

- Vaccine safety and adverse events following an immunisation – Nov 2024
- Extensive rewritten, recognition and management of anaphylaxis

#### Anaphylaxis is likely when all of the following 3 criteria are met:

- sudden onset and rapid progression of symptoms
- Airway and/or Breathing and/or Circulation problems
- skin and/or mucosal changes (itching, flushing, urticaria, angioedema)

#### Remember:

- skin or mucosal changes alone are not a sign of anaphylaxis
- skin and mucosal changes can be subtle or absent in 10-20% of reactions (e.g. some patients can present with only bronchospasm or hypotension)

## Updated chapter in the Green Book

- BLOODS The specific test to help confirm a diagnosis of anaphylaxis is measurement of mast cell tryptase. Ideally, three timed samples (serum or plasma, e.g. yellow top bottle) are needed:
- 1. An initial sample as soon as feasible (e.g. in a GP practice, on arrival at hospital) – but do not delay starting resuscitation.
- 2. A second sample at 1-2 hours (but no later than 4 hours) from the onset of symptoms.
- If possible, take 5-10mL extra for serum store to facilitate further investigations.

## Updated chapters in the Green Book

## • RSV – February 2025 – Updated evidence on GBS

UK Health Security Agency

### Your guide to the RSV vaccine for older adults

How to protect yourself by having the Respiratory Syncytial Virus (RSV) vaccine



• Hep B – March 2025

### The complete routine immunisation schedule

From January 2025

| Age due   | Diseases protected against  | Vaccine given and trade name         |                                      | Usual site <sup>1</sup> |
|---|---|--------------------------------------|--------------------------------------|-------------------------|
| Eight weeks old                                       | Diphtheria, tetanus, pertussis<br>(whooping cough), polio, <i>Haemophilus</i><br><i>influenzae</i> type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB                    | Infanrix hexa<br>or Vaxelis          | Thigh                   |
|   | Meningococcal group B (MenB)  | MenB                                 | Bexsero                              | Thigh                   |
|   | Rotavirus gastroenteritis   | Rotavirus <sup>2</sup>               | Rotarix <sup>2</sup>                 | By mouth                |
| Twelve weeks old                                      | Diphtheria, tetanus, pertussis, polio,<br>Hib and hepatitis B   | DTaP/IPV/Hib/HepB                    | Infanrix hexa<br>or Vaxelis          | Thigh                   |
|   | Pneumococcal (13 serotypes)   | Pneumococcal conjugate vaccine (PCV) | Prevenar 13                          | Thigh                   |
|   | Rotavirus   | Rotavirus <sup>2</sup>               | Rotarix <sup>2</sup>                 | By mouth                |
| Sixteen weeks old                                     | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B  | DTaP/IPV/Hib/HepB                    | Infanrix hexa<br>or Vaxelis          | Thigh                   |
|   | MenB  | MenB                                 | Bexsero                              | Thigh                   |
| One year old (on or after the child's first birthday) | Hib and MenC  | Hib/MenC                             | Menitorix                            | Upper arm/thigh         |
|   | Pneumococcal  | PCV booster                          | Prevenar 13                          | Upper arm/thigh         |
|   | Measles, mumps and rubella<br>(German measles)  | MMR                                  | MMRvaxPro <sup>3</sup><br>or Priorix | Upper arm/thigh         |
|   | MenB  | MenB booster                         | Bexsero                              | Thigh                   |
| Fligible paediatric age groups <sup>4</sup>           | Influenza (each vear from September)  | Live attenuated influenza            | Fluenz <sup>3,6</sup>                | Both nostrils           |

## Updated PGD page 12

• In infants and for the routine booster dose, the UKHSA recommends that all doses of 4CMenB be given in the anterolateral aspect of the left thigh, ideally on their own, so that any local reactions can be monitored more accurately. Vaccine may alternatively be administered in the deltoid muscle region of the upper arm in older subjects (from 1 year of age).

# Latex has been removed from the tip of plunger of the syringe



# Change of vaccine brand for meningococcal groups

• The MenACWY vaccine will change from Nimenrix to MenQuadfi

 Please continue to order Nimenrix until local stocks have depleted



## Repevax will replace Boostrix in the Spring



## Vaccines with reduced shelf life from Immform – Information on the Product Page



## Coeliac Syndrome

Hyposplenism in coeliac disease is uncommon in children, and the prevalence correlates with the duration of exposure to gluten. Therefore, patients diagnosed with coeliac disease early in life and well managed are unlikely to require additional doses of these vaccines beyond those given in the routine immunisation schedule.

Reference

Di Sabatino A, 2013).

# Individuals at high risk of pneumococcal disease

Because of the high risk of overwhelming infection, additional vaccination against pneumococcal infection is recommended for all individuals who have or are at high risk of developing splenic dysfunction in the future, including those with coeliac disease and sickle cell disease

Patients with Coeliac Disease are eligible to receive the PPV vaccine every 5 years, however this should also be based on clinical judgement to take into account any other co-morbidities/medical history.

## 2<sup>nd</sup> Dose of Shingrix

• Can make manual claims via England.swcqrs@nhs.net



## Any Questions



## References

- <u>https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25</u>
- <u>https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule</u>
- <u>https://future.nhs.uk/SWVaccinationsScreening</u>
- <u>https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</u>
- <u>https://www.england.nhs.uk/south/info-professional/pgd/south-west/downloads/</u>