## Bits and Pieces

Tricia Smith RGN RM RT Bsc(Hons)

20<sup>th</sup> May 2025



### Existing Users - Log in

#### Email \*

Password \*



- - -



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 (whooping cough), polio, <i>Haemophilus</i> <i>influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa 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, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa 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 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 (German measles)	MMR	MMRvaxPro <sup>3</sup> 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>