



VACCINATION IS IMPORTANT FOR THE WHOLE FAMILY

# ISLHD Immunisation Newsletter - September

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## Cold Chain Management

Below are some tips for managing your cold chain with regard to data logging:

It is imperative that practice staff download **AND** check their data logger readings **PRI-OR** to seeing patients after the practice has been closed either during the week or over the weekend.

The data logger should be checked **ANY** time there is a temperature excursion identified on the fridge min/max to ensure the exclusion period for cold chain breach (up to 12°C for <15mins) has not been overstepped.

## Immunisation Toolkit for General Practices

This Toolkit has been developed to support general practices to implement the NSW Immunisation Program. The toolkit includes information about:

- the NSW Immunisation Program
- the NSW Immunisation schedule and recent changes
- reporting to the Australian Immunisation Register (AIR)
- vaccine recommendations
- cold chain management
- vaccine safety and adverse event reporting
- vaccine ordering and management

<https://www.health.nsw.gov.au/immunisation/Publications/gp-toolkit.pdf>

## Injection site reactions (ISRs)

Injection site reactions (ISRs) are one of the most common adverse events following immunisation. ISRs include pain, itching, swelling or redness around the site of injection. Most ISRs are mild and usually last for 1–2 days. However, some ISRs can be more severe with swelling extending from joint to joint (e.g. shoulder to elbow) and can often be confused with cellulitis. ISRs do not require antibiotics or antihistamines. Treatment should focus on symptom relief with oral pain relief and cold compress as required. ISRs may occur after administration of any vaccine but are more common after booster doses of diphtheria, tetanus and pertussis (DTPa/dTpa). They are not a contraindication to further vaccination with the same or another vaccine.

NCIRS has resources available to assist providers, including an [injection site reaction fact sheet](#) and a [list of specialist immunisation services](#). Further information is also available in the Vaccination Procedure section and After Vaccination section of the [online Australian Immunisation Handbook](#).

## The Use of Foetal Tissue in Vaccine Development

There has been attention in the media recently regarding the use of foetal cell lines by the Oxford Vaccine Group to develop their COVID-19 vaccine candidate.

Cell lines are currently used to manufacture many vaccines including varicella, hepatitis A, rabies and MMR vaccines.

The link below from the Children's Hospital of Philadelphia (CHoP) discusses the background behind using these cell lines in vaccine development as well as any potential ethical or religious concerns surrounding this.

<https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients/fetal-tissues>

Here is a link to the 'Foetal Embryonic Cells Utilised in Vaccine Development Platform' fact sheet from the Melbourne Vaccine Education Centre that might be helpful to give to patients with questions:

<https://mvec.mcri.edu.au/immunisation-references/foetal-embryonic-cells-utilised-in->

## Contact your Public Health Unit for immunisation enquiries:

Phone:  
1300 066 055

Fax:  
4221 6759

Email:  
[islhd-phu-immunisation@health.nsw.gov.au](mailto:islhd-phu-immunisation@health.nsw.gov.au)

# Following vaccination— what to expect and what to do

## All vaccinations may cause the following reactions:



Mild fever that doesn't last long <math>< 38.5^{\circ}\text{C}</math>



Where the needle was given: Sore, red, burning, itching or swelling for 1–2 days and/or small, hard lump for a few weeks



Grizzly, unsettled, unhappy and sleepy



Teenagers/adults fainting and muscle aches

SEE BACK PAGE FOR ADDITIONAL COMMON REACTIONS SPECIFIC TO EACH VACCINE

## What to do at home:



If baby/child is hot don't have too many clothes or blankets on



Breastfeed more frequently and/or give extra fluids



Put a cold wet cloth on the injection site if it is sore



For fever or pain give paracetamol. Follow instructions on the packaging

## When to seek medical advice:

See your doctor or immunisation provider, or go to hospital if:



Pain and fever are not relieved by paracetamol (eg. Panadol<sup>®</sup>)



The reactions are bad, not going away or getting worse or if you are worried at all



Any of the rare reactions below are experienced

## How to report an adverse reaction:

Significant events that occur following immunisation should be reported to your doctor or vaccination provider. Alternatively you can report directly to the Therapeutic Goods Administration ([www.tga.com.au](http://www.tga.com.au)) or by phone to a pharmacist from NPS Medicinewise on **1300 134 237**.

You can also report adverse events following immunisation to your state or territory health services.



### Rare reactions requiring immediate medical attention

As with any medication, on rare occasions, an individual may experience a severe reaction. Seek medical attention if any of the below are experienced and inform of recent vaccination.

#### Anaphylaxis

- A severe allergic reaction which occurs suddenly, usually within 15 minutes, however anaphylaxis can occur within hours of vaccine administration. Early signs of anaphylaxis include: redness and/or itching of the skin, swelling (hives), breathing difficulties, persistent cough, hoarse voice and a sense of distress.

#### Intussusception (relates to rotavirus vaccine)

- This is an uncommon form of bowel obstruction where one segment of the bowel slides into the next, much like the pieces of a telescope.

- There is a very small risk of this occurring in a baby in the first week after receiving the first dose of rotavirus vaccine, and a smaller risk after the second vaccine dose.
- The baby has bouts of crying, looks pale, gets very irritable and pulls the legs up to the abdomen because of pain.

#### Seizure

- Some young children (especially aged 1–3 years) are more prone to seizures when experiencing a high fever from any source (with an infection or after a vaccine). The seizure usually lasts approximately 20 seconds and very rarely more than 2 minutes.

#### Rash (relates to shingles vaccine Zostavax<sup>®</sup>)

- Very rarely a generalised chickenpox-like rash following Zostavax<sup>®</sup> vaccination may occur around 2–4 weeks after vaccination, which may be associated with fever and feeling unwell. This rash may be a sign of a serious reaction to the virus in the vaccine.

### Where can I get more information?

Contact your immunisation provider

Visit [health.gov.au/immunisation](http://health.gov.au/immunisation)

Contact your state or territory health service

### Practice contact details:

Vaccines given on \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Time given: \_\_\_\_\_ (Please wait a minimum of 15 minutes after immunisation)

Indicate injection sites by circling appropriate box: **LA**=Left Arm, **RA**=Right Arm, **LL**=Left Leg, **RL**=Right Leg

<p><b>Hepatitis B vaccine</b> (H-B-Vax® II Paediatric or Engerix® B Paediatric)</p>	<p><b>Diphtheria, tetanus, whooping cough, hepatitis B, polio, Haemophilus Influenzae type b vaccine</b> (Infanrix® hexa)</p>	<p><b>Pneumococcal vaccine</b> (Prevenar 13®)</p>	<p><b>Rotavirus vaccine</b> (Rotarix®)</p>
<ul style="list-style-type: none"> <li>See 'Common reactions'</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Vaccine virus can be shed in poo, particularly after the first dose. Handwashing is important after every nappy change.</li> <li>Intussusception – see 'rare reactions'</li> </ul>
<p>LL RL LA RA</p>	<p>LL RL LA RA</p>	<p>LL RL LA RA</p>	<p>BY MOUTH</p>
<p><b>Meningococcal B vaccine</b> (Bexsero®)</p>	<p><b>Meningococcal ACWY vaccine</b> (Nimenrix®)</p>	<p><b>Measles, mumps, rubella vaccine</b> (MMRII® or Priorix®)</p>	<p><b>Hepatitis A vaccine</b> (Vaqta® Paediatric)</p>
<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Fever (&gt;38.5°C) is common in young children receiving this vaccine. Paracetamol will reduce the likelihood of fever. For children less than 2 years of age, a dose of paracetamol is recommended 30 minutes before vaccination or as soon as possible afterwards. Followed by two more doses 6 hours apart even if there is no fever.</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Reactions that may be present 7 to 10 days after vaccination:                             <ul style="list-style-type: none"> <li>fever over 39°C</li> <li>rash (not infectious)</li> <li>head cold, runny nose, cough, puffy eyes</li> <li>swelling in the neck /under the chin.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Rash</li> </ul>
<p>LL RL LA RA</p>	<p>LL RL LA RA</p>	<p>LL RL LA RA</p>	<p>LL RL LA RA</p>
<p><b>Haemophilus Influenzae type b vaccine</b> (Act-HIB®)</p>	<p><b>Measles, mumps, rubella, chickenpox vaccine</b> (Priorix-Tetra® or ProQuad®)</p>	<p><b>Diphtheria, tetanus, whooping cough vaccine</b> Children (Infanrix® or Tripacel®) Adults and adolescents (Boostrix® or Adacel®)</p>	<p><b>Diphtheria, tetanus, whooping cough, polio vaccine</b> (Infanrix® IPV or Quadracel®)</p>
<ul style="list-style-type: none"> <li>See 'Common reactions'</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Reactions that may be present 7 to 10 days after vaccination:                             <ul style="list-style-type: none"> <li>fever over 39°C</li> <li>rash (not infectious)</li> <li>head cold, runny nose, cough, puffy eyes</li> <li>swelling in the neck /under the chin.</li> </ul> </li> <li>Reactions 5–26 days after vaccination:                             <ul style="list-style-type: none"> <li>mild chickenpox like rash (may be infectious, seek medical advice).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Very rarely, large injection site reactions (&gt;50 mm) including limb swelling may occur (with the 4th or 5th dose of a tetanus-containing vaccine in children). These reactions usually start within 24–72 hours after vaccination, and resolve spontaneously within 3–5 days. If this reaction extends beyond one or both joints, seek medical advice.</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Large injection site reaction of redness and swelling from the shoulder to the elbow. If this reaction extends beyond one or both joints, seek medical advice.</li> </ul>
<p>LL RL LA RA</p>	<p>LL RL LA RA</p>	<p>LL RL LA RA</p>	<p>LA RA</p>
<p><b>Pneumococcal vaccine</b> (Pneumovax 23®)</p>	<p><b>Human papillomavirus (HPV) vaccine</b> (Gardasil®9)</p>	<p><b>Shingles vaccine</b> (Zostavax®)</p>	<p><b>Influenza vaccine</b></p>
<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Large injection site reaction with redness and swelling, more common after the second or subsequent dose of this vaccine.</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Mild headache</li> <li>Mild nausea</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> <li>Reactions 2-4 weeks after vaccination: generalised chickenpox like rash – seek immediate medical attention and inform of recent vaccination. – see 'rare reactions'</li> </ul>	<ul style="list-style-type: none"> <li>See 'Common reactions'</li> </ul>
<p>LA RA</p>	<p>LA RA</p>	<p>LA RA</p>	<p>LL RL LA RA</p>