

# ICARS Learning

## Private Vaccines

- Where vaccines are given privately these should be recorded in a person's medical record. If the brand name of vaccine is known, and is a recognised vaccine used in the UK schedule and it was given at the correct time in accordance with the UK routine immunisation schedule these can be recorded in both the GP and CHIS record and count towards the UK schedule. If one, or both of these things cannot be guaranteed then the vaccines should be discounted towards the routine vaccination schedule.

## Hepatitis B positive fathers

- In regards to Hep B positive fathers but Hep B negative mothers:

"Newborn infants born to a hepatitis B negative woman but known to be going home to a household with another hepatitis B infected person may be at immediate risk of hepatitis B infection. In these situations, a monovalent dose of hepatitis B vaccine should be offered before discharge from hospital. They should then continue on the routine childhood schedule commencing at eight weeks."

Page 9 of the Hepatitis B Green Book chapter: The Green Book on Immunisation - Chapter 18 Hepatitis B ([publishing.service.gov.uk](http://publishing.service.gov.uk))"

## Advice from national about disregarding fractional IPV doses

- ICARS have noted from the routine India immunisation schedule that many individuals will have been given the IPVf (fractional) dose. Fractional dosing is most often used when there is a vaccine shortage. Our current advice is that, to be certain of full protection, these fractional doses should be discounted and a full replacement dose offered.

## Advice for children under 10 who require additional doses of IPV to bring them up to date with the UK schedule

- For this group the advice is that Infanrix Hexa (DTaP/IPV/Hib/HepB) should be used to catch up IPV (as per the vaccination of individuals with uncertain or incomplete immunisation status algorithm), even if IPV is the only outstanding antigen. Although this will mean some children may receive extra doses of some antigens (in this case Diphtheria, Tetanus, Pertussis, Hib and HepB), this will not be harmful. Infanrix Hexa can given to this group under a PGD. Revaxis is not licenced for primary immunisation and therefore can not be given under a PGD.

## Cold chain audit response

- ICARS continues to get notified of numerous cold chain incident and would propose that a cold chain audit form is completed in response to each incident

to identify learning that can be implemented. The audit form can be accessed at the following link <https://forms.office.com/e/a2DSzQFr4H>.

### **Postponing vaccination due to fever and presence of a neurological condition**

- Practices are reminded that vaccination in patients with a fever above 38.5 should be postponed until they have fully recovered avoid wrongly attributing any new symptom or the progression of symptoms to the vaccine.

In addition it should be noted that the presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition.

### **Business continuity plan to support maintain a stable cold chain**

- ICARS have been notified of some incidents where practices have not had alternative arrangements to store vaccines following a fridge failure. It is therefore important that all practices have a business continuity plan to support maintaining stable cold chain. This is particularly important with the start of the flu / COVID campaign.

### **Guidance on data logger usage**

- This information is provided to given GP practice advice in relation to the use of data loggers. If data loggers are used then each working day you must still:
  - read and record temperatures on the integral fridge thermometer (minimum, maximum and current)
  - reset the min/max thermometer.

This will assure you the fridge contents have been stored correctly and are safe to use.

In addition if you use a data logger and only check it weekly or monthly, you risk missing cold chain breaches. It is possible that you used vaccines that were stored outside the recommended temperature range. If you use an alarm system to alert that the fridge temperature is out of range, is it possible the alarm could turn itself off once it is back in range, without being investigated?

Further information is available from [GP mythbuster 17: Vaccine storage and fridges in GP practices - Care Quality Commission \(cqc.org.uk\)](#)