

## Immunisations in Neonates and Infants

### Guideline Responsibilities and Authorisation

|  |  |
|--|--|
| <b>Department Responsible for Guideline</b>  | Neonatal Intensive Care Unit   |
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| <b>Target Audience</b>   | Nurses, Midwives, Nurse Practitioner, Clinical Nurse Specialist, Registrar, Consultant |
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### Guideline Review History

| Version | Updated by  | Date Updated     | Summary of Changes  |
|---------|---|------------------|---|
| 05      | Emma Hubbard  | 03 April 2020    | Update as per current immunisation handbook.<br>New template  |
| 06      | Cilla Wyllie-Schmidt & Jutta van den Boom               | 07 December 2020 | Combining all relevant vaccines in one document, formatting, further updates as per National Immunisation Schedule changes and change to guideline name, non-funded vaccines added for discussion |
| 6.1     | Cilla Wyllie-Schmidt & Jutta van den Boom               | July 2022        | Alignment references to current MOH Immunisation Handbook   |
| 6.2     | Cilla Wyllie-Schmidt & Jutta van den Boom               | Dec 2022         | Insert NICU consent form<br>Updated info on PCV 13<br>Updated info on management of apnoeas in preterm babies   |
| 07      | Cilla Wyllie-Schmidt, Jutta van den Boom, Mel Trethowen | May 2023         | Addition of MenB vaccine information<br>Updated Pneumococcal information<br>Updated schedule and administration information<br>Update post vaccination advice<br>Insert pre-vaccination checklist |

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## Immunisations in Neonates and Infants

### 1 Overview

#### 1.1 Purpose

Immunisation of neonates and infants in hospital. All infants are eligible for their initial immunisations at a postnatal age of six week and all subsequent National Immunisation Schedule (NIS) vaccines as appropriate and additional vaccines as deemed eligible e.g. Bacillus Calmette-Guérin (BCG), Hepatitis B.

#### 1.2 Staff group

Waikato Hospital staff working with neonates and infants.

#### 1.3 Patient / client group

Neonates and infants in Health NZ Waikato facilities.

#### 1.4 Definitions

|                               |  |
|-------------------------------|--|
| <b>BCG</b>                    | Bacillus Calmette-Guérin   |
| <b>NIS</b>                    | National Immunisation Schedule   |
| <b>DTaP-IPV-<br/>HepB/Hib</b> | diphtheria, tetanus and acellular pertussis vaccine- inactivated polio vaccine- hepatitis B vaccine/ Haemophilus influenzae type b |
| <b>MenB</b>                   | Four-component recombinant meningococcal B vaccine   |
| <b>PCV13</b>                  | 13-valent pneumococcal conjugate vaccine   |
| <b>RV1</b>                    | rotavirus vaccine (monovalent)   |
| <b>Engerix-B</b>              | Vaccine Trade name for Hepatitis B   |
| <b>NEC</b>                    | Necrotising Enterocolitis  |
| <b>NIR</b>                    | National Immunisation Register   |
| <b>AIR</b>                    | Aotearoa Immunisation Register   |

### 2 Clinical Management

#### 2.1 Competency required

- Registered Nurse
- Neonatal Nurse Practitioner
- Registrar
- Clinical Nurse Specialist
- Registered Midwife
- Enrolled Nurse

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2.2 Guideline

New Zealand National Immunisation Schedule

Vaccination as per NIS i.e. at the usual chronological age, with the usual vaccine dosage and interval is recommended for all infants, including preterm infants and infants with low birthweight, providing they are well.

Parents or caregivers must give consent to immunisations prior to administration. NICU use a consent form for immunisations ([Newborn Intensive Care Unit, Immunisation Consent Form A1493HWF](#)) – Appendix B.

All immunisations must be prescribed on the National Medication Chart.

If an infant is in hospital when they reach a postnatal age of six weeks, regardless of gestation, the scheduled vaccines must be discussed with the parents, legal guardian, offered, and administered. This also applies to infants who remain in hospital when they reach eligible ages for NIS vaccines and/ or other age appropriate vaccines e.g. influenza from 6 months of age - refer [Ministry of Health Immunisation Handbook 2020 online edition](#).

Administration of any immunisations in the NICU must be documented in the clinical notes, on the problem sheet, in the Well Child Book and the NIR form must be completed.

There are a small number of differences to take into account when vaccinating preterm infants, these are detailed in the guideline below.

Table 1 - Immunisation Schedule

| Postnatal Age   | DTaP-IPV-HepB/Hib |   | Pneumococcal vaccine |                  | BCG   | Engerix-B (10mcg/0.5mL) and HBIG       |
|-----------------|-------------------|---|----------------------|------------------|---|--|
|                 |                   |   | PCV13 Standard       | PCV13* High risk |   |  |
| At Birth (<12h) |                   |   |                      |                  |   | Infants born to HBsAg positive mothers |
| From Birth      |                   |   |                      |                  | Infants at increased risk as per screening and >34/40 (see 2.4 below) |  |
| 6 Weeks         | •                 |   | •                    | •                |   |  |
| 3 Months        | •                 | • | n/a                  | •                |   |  |
| 5 Months        | •                 | • | •                    | •                |   |  |

## Immunisations in Neonates and Infants

- \* **PCV13:** For preterm infants <28/40 or those who develop chronic lung disease, or meet the eligibility criteria for other high risk conditions please refer to [Ministry of Health Immunisation Handbook 2020 online edition \(Table 16\)](#). PCV13 replaces the scheduled PCV10 and an additional dose is given at 3 months.
- \*\* **Rotavirus Vaccine:** Should not be omitted from the vaccination schedule for infants on NICU. If standard infection control precautions are maintained, the risk of transmission of vaccine strain rotavirus will be minimal.

The two-dose course of rotavirus vaccine should be started before age 15 weeks (ie, the latest is 14 weeks and 6 days) and completed by age 25 weeks (ie, the latest is 24 weeks and 6 days); if an infant reaches age 25 weeks without receiving the second dose, the first dose already given may offer them some protection against disease.

Gastrointestinal issue, such as infants with prior surgical NEC or stoma, are not necessarily a contraindication for rotavirus vaccine; please discuss with consultant and/ or surgeon if unsure.

### 2.3 Hepatitis B Vaccine and Immunoglobulin for neonates born to a Hepatitis B Surface Antigen (HBsAg) Positive Mother

Infants born to HBsAg positive mothers should receive Hepatitis B vaccine and immunoglobulin within 12 hours of birth. Bathing of the infant utilising gloves and an apron should be carried out after skin to skin contact and breastfeeding has been concluded prior to the administration of the vaccine.

Administer IM Hepatitis B Immunoglobulin 100 IU IM in right anterior lateral thigh and Hepatitis B vaccine (Engerix-B 10 mcg / 0.5 mL) IM in left anterior lateral thigh within 12 hours of birth.

They should then commence the routine vaccination schedule from the age of six weeks.

Please refer to the [Hepatitis B Maternal Status and Neonatal Vaccination and Immunoglobulin](#) (Ref 2275) protocol for more information and flowchart regarding consent, resources and process.

### 2.4 BCG Vaccine

In addition to the routine vaccination schedule, infants who are at increased risk of Tuberculosis (TB) are recommended and funded to have a BCG vaccine - refer [Ministry of Health Immunisation Handbook 2020 online edition](#)

Infants at increased risk of tuberculosis (TB) are defined as those who:

- will be living in a house or family / whānau with a person who currently has TB or has a past history of TB.
- have one or both parents or household members, who within the last five years, lived for a period of six months or longer in countries with a rate  $\geq 40$  per 100,000.
- during their first five years will be living for three months or longer in a country with a rate  $\geq 40$  per 100,000\* and are likely to be exposed to those with TB - refer [Ministry of](#)

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[Health Immunisation Handbook 2020 online edition](#) Refer to appendix 8 for list of high-incidence TB countries.

Infants born before 34 weeks' gestation should have their BCG vaccination delayed until 34 weeks' post-conceptual age. Babies born after this or with low birthweight appear to produce an adequate response, based on tuberculin skin test responses.

BCG vaccinations are administered in the community at a clinic arranged by Public Health Nurses.

To arrange for a neonatal BCG:

- Complete "BCG Eligibility Assessment and Referral Form A1306HWF" (see [Appendix A](#)).
- Scan and email Attention: "BCG Coordinator" to the Community Referral Centre [communityreferralcentre@waikatodhb.health.nz](mailto:communityreferralcentre@waikatodhb.health.nz)

### 2.5 Influenza Vaccination

Preterm infants who develop chronic lung disease and any other eligible conditions that are recommended to receive influenza vaccine once they are aged 6 months or older, and a second dose four weeks later (influenza vaccine is usually available from March/April each year).

Influenza vaccine is recommended (but not funded) for close contacts of preterm infants, including children.

### 2.6 Non-funded vaccines / monoclonal antibody

Non-funded vaccines / monoclonal antibodies are not available in Te Whatu Ora Waikato hospital settings. However, where clinically indicated, please discuss available non-funded vaccines and monoclonal antibodies i.e. palivizumab (Synagis) for RSV and other Meningococcal vaccines e.g MenACYW-T (Nimenrix) with parents / caregivers.

### 2.7 Dosage and Administration

- See [Appendix B](#) for consent form
- See [Appendix C](#) for pre-vaccination checklist
- Adverse events should be reported to CARM ([nzphvc.otago.ac.nz/reporting](http://nzphvc.otago.ac.nz/reporting)), for further information refer [Ministry of Health Immunisation Handbook 2020 online edition](#)

| Antigen(s):       | Brand:           | Manufacturer: | Dose:  | Site:            | Route:  |
|-------------------|------------------|---------------|--------|------------------|---|
| Hepatitis B       | Engerix-B 10 mcg | GSK           | 0.5mL  | vastus lateralis | IM  |
| DTaP-IPV-HepB/Hib | Infanrix-hexa    | GSK           | 0.5 mL | vastus lateralis | IM<br>Use 16 mm needle (23-25 gauge) up to 46 weeks corrected |

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|       |             |         |                               |   |  |
|-------|-------------|---------|-------------------------------|---|--|
|       |             |         |                               |   | gestational age. Thereafter use 25 mm needle   |
| MenB* | Bexsero     | GSK     | 0.5 mL                        | vastus lateralis – ideally in a separate limb to other injections | IM<br>Use 16 mm needle (23-25 gauge) up to 46 weeks corrected gestational age. Thereafter use 25 mm needle               |
| PCV13 | Prevenar 13 | GSK     | 0.5 mL                        | vastus lateralis  | IM<br>Use 16 mm needle (23-25 gauge) up to 46 weeks corrected gestational age. Thereafter use 25 mm needle               |
| RV1   | Rotarix     | GSK     | 1.5 mL                        | Enteral   | Enteral administration concurrently with other vaccines (can be given oral or via gastric tube)                          |
| BCG** | BCG         | Seqirus | 0.05 mL for infants <12months | The point of insertion of the left deltoid muscle                 | Intradermal Injection<br>for detailed instructions see sections 2.2.3 and 2.2.4 of <a href="#">Immunisation Handbook</a> |

\* MenB requires 3 doses of prophylactic paracetamol. First dose ideally 30 minutes prior to vaccination, or at the time of vaccination. Next two doses 6 hours apart.

\*\* **BCG:** Only administered by authorised vaccinators with BCG endorsement via a community clinic.

If the vastus lateralis space is sufficient, two vaccines can be given in the same leg, separated by 2cm along the long axis. If there is not enough site space available for all injections required, e.g. due to very low birth weight, these may be separated by at least two days or longer until any local site response has resolved.

## Immunisations in Neonates and Infants

### 2.8 National / Aotearoa Immunisation Register (NIR / AIR)

The Aotearoa Immunisation Register (AIR) is a computerised information system that will record all immunisations given to people in Aotearoa New Zealand. The AIR replaced the NIR for all immunisations as a phased roll out approach starting mid-2023.

All immunisations given must be recorded on the AIR. There is no option to opt off AIR (like there was previously in NIR). Please inform parents/caregivers of the AIR process.

The information held on the NIR and AIR (collection, holding, use and disclosure) is governed by the Health Information Privacy Code 2020 and section 22F of the Health Act 1956. Please refer to the [AIR privacy brochure](#) for more information.

### 2.9 Post NICU discharge immunisation in hospital under supervision

An increase in apnoeic episodes following first dose of immunisations in preterm infants has been noted <sup>4.1(2)</sup>.

If a preterm infant (<28/40) had significant apnoeas following immunisation in hospital (6 week and / or 3 month event), readmission for the next infant immunisation and respiratory monitoring for 48 to 72 hours may be warranted, but do not avoid or delay immunisation. Please coordinate with the CNM of the paediatric medical ward. Please document any special requirements for subsequent immunisation doses in the discharge summary.

### 2.10 Paracetamol

Paracetamol for the prevention of fever following neonatal immunisation is only routinely recommended for children under the age of 2 years receiving MenB (Bexsero) vaccine. This is because of the high risk of fever for children in this age group. Three doses of paracetamol are recommended, 4-6 hours apart, dose 15mg/kg, using 120mg/5mL solution (see [Paracetamol for neonates](#) medicine guideline (2949)). For other immunisation events not including MenB, prophylactic paracetamol is not generally recommended. However, paracetamol is recommended if the infant is distressed or experiencing discomfort post vaccination. [Ministry of Health Immunisation Handbook 2020 online edition](#) refer to section 2.3.2

Soothing measures for discomfort such as feeding during immunisation or applying a cool cloth to an inflamed injection site following immunisations can be of benefit.

It is also recommended to give the Rotavirus vaccine 1-2 minutes before the IM injections, as it contains sucrose and can work as analgesia.

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## Immunisations in Neonates and Infants

### 3 Audit

#### 3.1 Indicators

- There is documented evidence of consent from parents or caregivers for every immunisation event.
- 100% of immunisations are given appropriately including timely administration (on time for chronological age and considering clinical status / stability to receive vaccines) unless there are true contraindications as per Immunisation Handbook.
- All immunisations are documented in the patient's clinical record, Well Child Book, and National immunisation Register.

### 4 Evidence base

#### 4.1 References

- 1) [Ministry of Health Immunisation Handbook 2020 online edition](#)
- 2) [Immunisation Advisory Centre \(IMAC\) Immunisation for the low birth weight and/or pre-term infant October 2020](#)
- 3) <https://www.immune.org.nz/factsheets/menb-bexsero>

#### 4.2 Associated Health NZ Waikato documents

- [Immunisation](#) policy (Ref. 2204)
- [Hepatitis B Maternal Status and Neonatal Vaccination and Immunoglobulin](#) protocol (Ref. 2275)
- [Paracetamol for Neonates](#) drug guideline (Ref. 2949)
- [BCG Vaccination in a Clinic or Community Setting](#) procedure (Ref. 4986)



#### 4.3 Other associated documents

- [Childhood Immunisations – Information for families of babies and young children HE1323](#) Ministry of Health
- Aotearoa Immunisation Register privacy brochure NIP8901, available via [Bluestar](#)
- [After your Child is immunised – Information for Parents and caregivers HE1504](#), Ministry of Health

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Appendix A – BCG Eligibility Assessment and Referral Form

**Waikids**  
WAIKATO CHILD AND YOUTH HEALTH  
Waikato District Health Board

A1306HWF

Patient Label

Name: \_\_\_\_\_

NHI: \_\_\_\_\_ DOB: \_\_\_\_\_  
dd/mm/yy

Address: \_\_\_\_\_

### BCG Eligibility Assessment and Referral Form

Age: \_\_\_\_\_ Sex: M / F \_\_\_\_\_ GP: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Interpreter required?  Yes  No Language: \_\_\_\_\_

**Caregiver's details**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

---

**Answer ALL questions and please tick (✓) either Yes or No to each**

Babies or children less than five years of age are eligible for BCG vaccination if they meet the following criteria:

- they will be living in a house or family/whānau with a person with either current TB or a history of TB  Yes  No
- they have one or both parents or household members or carers who, within the last 5 years, lived for a period of 6 months or longer in countries with a TB rate ≥ 40 per 100,000  Yes  No
- during their first 5 years they will be **living for 3 months or longer** in a country with a TB rate ≥ 40 per 100,00  Yes  No

As a general indication, the following global areas have rates ≥ 40 per 100,000:

- most of Africa
- Indian subcontinent
- Some parts of the Pacific (Kiribati and Papua New Guinea have consistently high rates; (ref: Immunisation Handbook 2017)
- much of South America
- China, including Hong Kong, Taiwan
- Russia and the former Soviet states
- South East Asia

If one or more YES answers are ticked, this baby is at High Risk of being exposed to TB. The BCG Vaccination is therefore recommended for this baby.

To enable us to confirm receipt of your referral

Referrers name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone contact: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please COMPLETE this form and forward to:**

Waikato Hospital internal fax: \_\_\_\_\_ **Community Referral Centre: 22071**  
**Attention BCG Coordinator**

Waikato Hospital external fax: \_\_\_\_\_ **Community Referral Centre: 07 858 1071**  
**Attention BCG Coordinator**

**or email: [communityreferralcentre@waikatodhb.health.nz](mailto:communityreferralcentre@waikatodhb.health.nz)**

To be filed in Clinical Record under Correspondence 1 of 1 11/18

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Appendix B – Consent form

A14893HWF



**Te Whatu Ora**  
Health New Zealand

Newborn Intensive Care Unit  
**Immunisation consent**



**Waikato**  
CHILD AND YOUTH HEALTH

Patient Label

Name \_\_\_\_\_

NHI \_\_\_\_\_ DOB \_\_\_\_\_  
dd/mm/yy

Address \_\_\_\_\_

Written information provided  Yes  No

I, \_\_\_\_\_ the legal guardian of the infant/pēpi named above, hereby give informed consent for the following immunisations to be given to my infant/pēpi. I have read or had explained to me the information about these immunisations, including their risks, contraindications and benefits to my child/tamariki and the community. All of my questions have been answered.

| Schedule and vaccines offered   | Accepted<br><small>Tick the appropriate box</small>  |
|---|--|
| Birth   | <input type="checkbox"/> Hep B Vaccine <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                               |
|   | <input type="checkbox"/> Hep B Ig (immunoglobulin) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                   |
| 6 weeks   | <input type="checkbox"/> RVI <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |
|   | <input type="checkbox"/> DTaP-IPV-Hib-HepB <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                           |
|   | <input type="checkbox"/> PCV13 <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                       |
| 3 months  | <input type="checkbox"/> RVI <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |
|   | <input type="checkbox"/> DTaP-IPV-Hib-HepB <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                           |
|   | <input type="checkbox"/> PCV13 *(additional dose for high risk only) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |
|   | <input type="checkbox"/> MenB <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |
| 5 months  | <input type="checkbox"/> DTaP-IPV-Hib-HepB <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                           |
|   | <input type="checkbox"/> PCV13 <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                       |
|   | <input type="checkbox"/> MenB <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |
| *PCV13 dose at 3 months for high risk infants/pēpi e.g. (28/40, chronic lung disease, Trisomy 21, cardiac conditions) |  |
| Other vaccine offered: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yy


Health professional name: \_\_\_\_\_ Designation: \_\_\_\_\_

Health professional signature: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yy

|   |          |          |    |             |             |              |               |
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Appendix C – Pre-Vaccination Checklist



**Te Whatu Ora**  
Health New Zealand

**Pre-vaccination checklist**

Weight \_\_\_\_\_  
Adrenaline dose \_\_\_\_\_  
GP \_\_\_\_\_

WI147HWF

Patient Label

Name \_\_\_\_\_

NHI \_\_\_\_\_ DOB \_\_\_\_\_  
or patient details dd/mm/yy

Address \_\_\_\_\_

**Prior to immunisation, the vaccinator should ascertain if the vaccinee (child or adult)**

- Well today – assess (do not give if temperature over 38°C)  Yes  No
- Have they ever had a severe reaction (anaphylaxis) to any vaccine - assess  Yes  No
- Have they had a history of a severe allergic reaction to any vaccine or vaccine components – assess (e.g. gelatin, egg protein, neomycin)  Yes  No
- Is there appropriate spacing between doses of the same vaccine (Check status query from NIR for immunisation history)  Yes  No
- Do they have an undiagnosed or evolving neurological condition (for pertussis containing vaccines only)  Yes  No
- Do they have Thrombocytopenia or bleeding disorders? (Consult clinician – refer to online Immunisation Handbook table 2.2)  Yes  No
- Check are they eligible for high-risk pneumococcal programme (additional PCV13 dose at 3M event). (Refer to online Immunisation Handbook section 16.5 for schedule and advice)  Yes  No

**Prior to giving pneumococcal (PCV13) vaccine**

- If giving PCV13 (Prevenar13) – Are there 8 weeks between doses? (If no, do not administer) (except for high-risk programme as part of primary series, which requires a 4 week gap)  Yes  No

**Prior to giving Rotarix (RV1) vaccine**

- If first dose, is baby under 15 weeks of age? (If no, do not administer)  Yes  No
- Is the baby over 25 weeks of age? (If yes, do not administer)  Yes  No

**Prior to giving Bexsero (MenB) primary (first two) doses**

- Paracetamol (3 doses) prescribed for pēpi under 2 years old (If no, discuss cooling cares and ensure written advice is given as well as verbal and document whānau decision)  Yes  No
- Are there 8 weeks between primary (first two) doses  Yes  No

**Prior to giving Bexsero (MenB) booster dose**

- Please refer to Bexsero vaccination schedule. Refer to online immunisation handbook table 13.5 to check spacing requirements and prophylactic paracetamol for tamariki < two years of age.

**Prior to giving injectable live vaccines, e.g. MMR, Varicella, BCG, the vaccinator should also ascertain if the vaccinee**

- Has had a vaccine containing live viruses with in the last month (If yes, do not administer)  Yes  No
- Has a lowered immunity e.g. due to leukaemia, cancer, HIV or on treatment (e.g. radiotherapy which lowers immunity and the immune response. If yes, do not administer)  Yes  No
- Is pregnant or planning pregnancy (if yes, do not administer)  Yes  No
- Has had immunoglobulin or blood transfusion in the last 11 months (Refer to online Immunisation Handbook Appendix 6 table A6.1)  Yes  No
- Is taking corticosteroids, e.g. prednisone, or other immune suppressive drugs (Refer to online Immunisation Handbook Section 4.3.5 and 4.3.6)  Yes  No

**Post vaccination**

- Post vaccination advice/pamphlet
- Patient notes documented
- Observed for 20 minutes
- Paracetamol organised for MenB (Bexsero) if < two years of age
- Sites checked
- WellChild book/insert updated
- Adverse events documented
- Immunisation certificate completed at 15 months and four years of age
- NIR (NIR3 form) documentation

**Notes** \_\_\_\_\_

**Vaccinator name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** (dd/mm/yy) \_\_\_\_\_

To be filed in Clinical Record
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05/23