

Policy Name: Child Health Surveillance including Children’s Vaccines protocol

Policy Number: 61

Introduction

Over the years successive governments with the NHS have put together a procedure for looking after children from birth to age 19. It comes under Health Surveillance and incorporates three elements: surveillance, screening and immunisation.

Surveillance

The purpose of health and development reviews is to:

- Assess growth and development
- Identify risk factors and abnormalities
- Identify opportunities for improving health
- Give parents the opportunity to discuss any concerns
- Review the uptake of screening programmes and discuss results as appropriate

Screening

The following screening programmes are operational:

- New-born examination including eyes, heart, hips and testes in boys (EHHT)
- Neonatal hearing screening
- New-born bloodspot testing
- Early identification of Developmental Dysplasia of Hips (DHH)
- Vision screening

Delivery of these relies on the use of midwives, district nurses and health workers as well as the services of the GP and Practice nurses. Following is the ideal plan of care:

NEO-NATAL EXAMINATION (FIRST 72 HRS) - Midwife/Hospital Team
Examination of the palate
Hip test for dislocation
Inspection of eyes and examination of red reflex
Thorough check of cardiovascular system for congenital heart disease
Check genitalia and record testicular descent
Check femoral pulses
Plot and record birth weight
Record head circumference
Record length (only if abnormality suspected)

<p>Record length of pregnancy in weeks</p> <p>Record problems during pregnancy/birth</p> <p>Record feeding method at discharge</p> <p>Vitamin K administration</p> <p>Neo-natal hearing screening</p> <p>Health promotion:</p> <ul style="list-style-type: none"> • Reducing SIDS risks • Feeding • Jaundice, Hepatitis B & BCG vaccines
WITHIN FIRST 10 DAYS OF LIFE -Midwife
<p>Blood spot test for phenylketonuria, hypothyroidism & cystic fibrosis</p> <p>Record feeding method</p> <p>Assess for jaundice</p> <p>Health promotion:</p> <ul style="list-style-type: none"> • Reducing SIDS risks • Immunisation schedule • feeding <p>Observe parent/infant interaction</p> <p>Repeat check of genitalia</p> <p>Measure weight, length and head circumference</p> <p>Review newborn hearing screening results</p>
6-8 WEEKS -GP
<p>Repeat hip test</p> <p>Repeat inspection of eyes and examination of red reflex</p> <p>Repeat thorough check of cardiovascular system for congenital heart disease</p> <p>Repeat check of genitalia</p> <p>Check femoral pulses</p> <p>Check blood spot results</p> <p>Plot and record head circumference</p>

<p>Plot and record weight</p> <p>Record feeding method</p> <p>Observe colour and signs of jaundice</p> <p>Gross motor:</p> <ul style="list-style-type: none"> • Pull to sit • Ventral suspension • Check moro reflex and muscle tone <p>Hearing and communication:</p> <ul style="list-style-type: none"> • Response to sudden sound • Response to unseen mother's voice <p>Vision and social awareness:</p> <ul style="list-style-type: none"> • Intently regard mother's face • Following dangling object past midline • Social smile <p>Health promotion:</p> <ul style="list-style-type: none"> • Nutrition • Development • Immunisation schedule • Sleeping position
3 MONTHS –Health visitor
<p>Plot and record weight</p> <p>Health promotion:</p> <ul style="list-style-type: none"> • Nutrition • Weaning • Development • Oral health • Immunisation schedule <p>Observe parent/infant interaction</p>
4 MONTHS –Health visitor
<p>Plot and record weight</p> <p>Health promotion:</p> <ul style="list-style-type: none"> • Weaning • Nutrition • Development • Oral health • Immunisation schedule <p>Observe parent/infant interaction</p>

13 MONTHS –Health visitor
Plot and record weight Health promotion: <ul style="list-style-type: none"> • Nutrition • Development • Oral health • Immunisation schedule Observe parent/infant interaction
3-5 YEARS –School nurse
Plot and record weight Record height (Primary 1) Sweep test of hearing (Primary 1) Vision screening (Primary 1) Health promotion: <ul style="list-style-type: none"> • Development • Nutrition • Oral health • Physical activity

Immunisations - Primary care and school nurses/health visiting team

Below sets out The Chorley Surgery protocol relating to children’s vaccinations.

These are the routine vaccinations that are offered free of charge on the NHS to all babies and children in the UK:

Routine Vaccinations

- **6-in-1 vaccine**
Protects against diphtheria, tetanus, whooping cough, polio, Hib (Haemophilus influenzae type b) and hepatitis B.
- **Pneumococcal or pneumo jab (PCV)**
Protects against some types of pneumococcal infection
- **Rotavirus vaccine**
Protects against rotavirus infection
- **Men B vaccine**

Protects against meningitis (meningococcal type B)

- **Hib/Men C (booster)**

Protects against: haemophilus influenza type b (hib) and meningitis C

- **MMR**

Protects against measles, mumps and rubella

- **Children's flu vaccination**

Protects against flu

- **4-in-1 pre-school booster**

Protects against diphtheria, tetanus, whooping cough and polio

- **HPV Vaccine**

Protects against the human papilloma virus (HPV) is the name given to a family of viruses. In 99% of cases, cervical cancer occurs as a result of a history of infection with high-risk types of HPV. Often, infection with the HPB causes no symptoms.

Optional Vaccinations

These vaccinations are offered on the NHS in addition to the routine programme to 'at-risk' groups of babies and children.

- **Chickenpox vaccination (varicella)**

Protects against chickenpox

Who needs it: siblings of children who have suppressed immune systems and are susceptible to chickenpox, for example because they're having cancer treatment or have had an organ transplant.

- **Hepatitis B vaccination**

Protects against hepatitis B

- **Flu vaccination**

Protects against flu

Who needs it: children with certain medical conditions or a weakened immune system, which may put them at risk of complications from flu.

- **BCG (tuberculosis) vaccination**

Protects against tuberculosis

Who needs it: babies and children who have a high chance of coming into contact with tuberculosis?



The Chorley Surgery policy on vaccinations

As per best practice guidelines and taking into account information contained within the

'green book'.

- Doctor to be in surgery on duty whilst vaccines being given.
- Nurses to have annual update of anaphylaxis procedure and CPR.
- Nurse to maintain the vaccine cold chain process and safe storage of vaccines, fridge temperature recording and monitoring of stock and checking of expiry dates.

Administering the vaccine

- Obtain consent from the person with parental responsibility. This can be written, verbal or implied by cooperation. We have a childhood immunisation consent form at the end of this policy.
- Check the child is well. Taking feeds etc. ensure appetite good. Digestive system asymptomatic no diarrhoea/vomiting.
- Tympanic temperature if necessary.
- Clarify paracetamol / ibuprofen not administered that day and if so why and at what time.
- Discuss vaccines to be given and common side effects.
- Check that the vaccine is correct, not expired and the colour is in accordance with manufacturers guide / free from debris.
- If the vaccination site is visibly dirty cleanse with soap and water.
- Administer the vaccine by intramuscular injection into the anterolateral aspect of the thigh using a 23-gauge (blue) needle, unless the child has a bleeding disorder in which case the subcutaneous route is used to reduce the risk of bleeding.
- Dispose of needle and syringe immediately in the sharps bin and document site of injection used along with vaccine name, batch number and expiry date. Document any advice given to parents.

Site of injection

Due to the number of primary injections required at each visit it is not always possible to use different limbs in which case 2.5cm distance must be allowed between injections. The guidelines set out in 'the green book' and Public Health England must be adhered to.

Babies aged 12 months now require 4 injections these are advised to be administered one in each limb. However, if the parents do not consent to the deltoid regions being used the MMR and 3rd Meningococcal b are to be given in the left anterolateral thigh 2.5cm apart. Obviously in the presence of acute febrile illness vaccination should be postponed. Premature infants should be vaccinated at the appropriate chronological age according to the schedule.

If the schedule is interrupted, resume from the point of interruption and complete as soon as possible. It is never necessary to restart a course of vaccination. If the vaccination history is unknown or unreliable if the child was born outside of the UK one should assume, they are unimmunised and administer a full course of immunisations. However, if the child is born in the UK every attempt must be made to ascertain the immunisation status. If the child was born outside the UK and vaccination is complete the vaccination schedule should be

checked for the country of origin to ensure the child is protected against all diseases covered by the UK schedule. For example, if the fourth dose of DTaP was given around 18 months, disregard and give the routine pre-school booster etc. according to the UK schedule.

Directions for administration of vaccinations

- A 23-gauge or 25-gauge needle is recommended for intramuscular administration of most vaccines. For intramuscular injections in infants and children, a 25 mm 23G (blue) or 25mm 25G (orange) needle should be used. Only in pre-term or very small infants is a 16mm needle suitable for IM injection.
- Flu vaccine can be given by a nasal spray into both nostrils for children according to vaccine PGD.
- Parents are asked to remain with the child on the premises for 15 minutes following any vaccination.
- Record, in the clinical notes on EMIS and where available the child's red book, the vaccination given, injection site, batch number and expiry of the vaccine.

Prior to administering the vaccination, the clinician should check:

- Child is fit and well
- That there are no contraindications to vaccinate
- No allergies

Where there are concerns, the duty doctor should be asked to clinically assess.

Advising Lancashire Child Health Immunisation Service of vaccination given

The CHIS is now extracting childhood immunisations given each week from the practice via the electronic record service (EMIS). This extract covers all vaccination given on a weekly basis of children aged 0-5 years. This means that the information on the practice records should match the information on the Child Health record system.

There is no longer any need for the surgery to return the weekly clinic lists or notification slips from the patients red book

Resources

- <https://www.gov.uk/government/collections/immunisation>
- [http://A Guide to Childhood Immunisations \(babies up to 13 months\) \(Department of Health Publications\)](http://A Guide to Childhood Immunisations (babies up to 13 months) (Department of Health Publications))
- [Pre-school Immunisations: A Guide to Vaccinations at 3 years and 4 Months of Age \(Department of Health Publications\)](Pre-school Immunisations: A Guide to Vaccinations at 3 years and 4 Months of Age (Department of Health Publications))
- [Teenage Immunisations – Your Questions Answered \(Department of Health Publications\)](Teenage Immunisations – Your Questions Answered (Department of Health Publications))
- <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

Consent for Immunisations

I have been advised what the immunisation procedure is likely to involve, the benefits of immunisation, contraindications to immunisation, possible side effects, post immunisation care and also the serious or frequency occurring risks of non-immunisation.

I give authorization for my child to receive all of the immunisation stated above, as per the UK 'Routine Childhood Immunisation Schedule', whether I am in attendance or not.

If at any point I wish to change my mind and decline any immunisations I must inform either my GP or Practice Nurse at The Chorley Surgery, prior to the relevant immunisation.

At each point of the Immunisation schedule I (or whoever brings my child) will be re-advised on the immunisations my child is receiving that day, any changes to the schedule and all other relevant information.

When to Immunise	Diseases Protected Against
2 months old (1 st)	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) + Hepatitis B (6 in 1) Rotavirus Meningitis B
3 months old (2 nd)	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) + Hepatitis B (6 in 1) Pneumococcal infection Rotavirus
4 months old (3 rd)	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) + Hepatitis B (6 in 1) Meningitis B
12 months old	Haemophilus influenzae type b (Hib), Meningitis C Measles, Mumps, Rubella Pneumococcal infection Meningitis B
Around 3 years 4 months or soon after	Diphtheria, tetanus, pertussis and polio. Measles, Mumps, Rubella
Annual	Influenza

Name of Parent /Guardian:

Child Name label

Signature of Parent /Guardian:

Date:

*ADMIN code as immunisation consent form

Population Health Searches

Searches for all childhood immunisations that are due are completed on a monthly basis at the surgery, checked and passed to the admin support. The appropriate identified patients will then be contacted to arrange/rebook their appointment. These searches cover the childhood immunisation age ranges for each individual type of immunisation and identify

- Which child is not booked in for their immunisations
- Which child has failed their immunisations appointment
- Which child has cancelled and not rebooked their immunisation appointment
- Which child has an appointment already booked for the immunisations

Using AccuRX text messaging service to contact parents/guardians of patients

AccuRx text messages are used prior to and after all childhood immunisation appointments and are a key feature in sharing information with parents and guardians

- Information on Childhood Immunisations – sent to parents/guardians when their initial immunisation appointment is made. Further information via a link to start4life is also included. Attached to this message is the parent consent form for childhood immunisations that parents/guardians are asked to complete and bring with them to their child's appointment
- Childhood Immunisations – Did not attend – this is a polite reminder to parents/guardians asking them to rebook their child's appointment following at DNA
- Temperature advice following a child's immunisation which includes the following link <https://www.nhs.uk/conditions/vaccinations/vaccination-appointment-tips-for-parents/>
- Information for parents/guardians following their child's immunisation which includes a link to <https://www.nhs.uk/start4life/baby/vaccinations-and-immunisations-baby/> to find out more about these immunisations

Parents who decline their child's Immunisation

Should a parent not wish their child to be included in the Childhood Immunisation programme, a disclaimer letter – 'Refusal to Consent to Childhood Vaccinations' (Appendix 1) should be sent out to them together with the 'World Health Organisation (Europe) – 'If you choose not to vaccinate your child, understand the risks and responsibilities' - <https://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2012/if-you-choose-not-to-vaccinate-your-child,-understand-the-risks-and-responsibilities>

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The disclaimer form should be signed by the parent and returned to us and passed onto the Practice Nurse so that the child's record can be updated, coded accordingly and scanned into the patient notes within EMIS. An appointment should be offered with the Practice Nurse to discuss this decision further if the parent wishes to do so.

It is the responsibility of the admin support to ensure that a copy of this disclaimer is sent to the Immunisation & Screening Team to advise that the child's parent/guardian has opted out of the programme. This should be sent via email to - vcl.lancashirechis@nhs.net.

A workflow has been designed to assist the clinicians and admin support with booking in, text messaging service and declining childhood immunisations. (See Appendix 2)

Temporary Suspension from the Childhood Immunisations Programme

Children who are serial DNA's or fail to respond to contact from the surgery, can be considered for clinical suspension from the Childhood Immunisation Programme. Clinical suspension is individual for each child and should be a clinical decision.

Prior to suspending any child from the programme they must have received minimum of 3 documented invites, whether that is by telephone, text message or letter or DNA for 3 immunisation appointments

Once the clinical decision has been made to suspend the patient, contact should be made via letter (see appendix 3) to the parent/guardian advising of this. Information within the letter must

- Advise of length of suspension period (3 months)
- State where a parent/guardian wishes, that if they want to make an appointment at any time that they can do

Also include information on the importance of vaccinations and the consequences of their child not being vaccinated - "If you choose not to vaccinate your child, understand the risks and responsibilities", <https://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2012/if-you-choose-not-to-vaccinate-your-child,-understand-the-risks-and-responsibilities>

A copy of this letter must also be forwarded to the Child Health Team vcl.lancashirechis@nhs.net so that their information can be updated.

Once the suspension from the programme has expired, the Child Health Team will resume calling for the child to attend for their immunisations.

Vaccination and Immunisation Schedules and Wait Lists.

The Child Health Immunisation Service will send on a weekly basis via post a vaccination and immunisation schedule, which advises the surgery which babies/children are due their scheduled vaccinations. The week commencing date will be advised for when these appointments can be booked from.

Wait lists will also be received monthly which outline any patients that are overdue their scheduled childhood immunisations. A process has been put together which describes how both the schedules and wait lists should be managed – please see Policy no 211 Vaccination and Immunisation Schedules and Wait Lists Process

SCID and vaccinations

SCID is a rare inherited condition that affects the immune system and can be passed on in families. Infants affected by SCID become unwell in the first few months of life as they have a much higher risk than usual of developing infection and of developing related complications from infection. Early treatment can reduce this risk and, in many cases, cure the illness.

Babies born on or after 1st September 2021 will be screened for SCID's part of the routine new-born screening test at 5 days old, the results of which will need to be taken into consideration when they attend for their 1st primary immunisations at 8 weeks old.

It is important that babies diagnosed with SCID are appropriately vaccinated. Most of the vaccines given as part of the routine childhood programme are inactivated and are safe for them to have.

However, there are 2 vaccines that are live vaccines and should not be given to babies with a diagnosis of SCID. These are:

- Bacillus Calmette–Guérin (BCG) vaccine, previously given at birth, to protect against tuberculosis - This should now only be given when the baby has a known SCID screening outcome, usually around 28 days old. BCG vaccine is not given in General Practice
- Rotavirus vaccine, usually given at 8 and 12 weeks to protect against diarrhoea and vomiting -

Infants born from 1 September 2021 MUST have additional assessment prior to administration of Rotavirus Vaccine given as part of the routine childhood vaccination programme at age 8 weeks and 12 weeks. Please note babies in this cohort that are late attenders will also require this assessment.

- The Rotavirus vaccine **CANNOT** be given to babies with a diagnosis of SCID.
- SCID screening results **MUST** be checked by the nominated immuniser/s when the results are received by the surgery and prior to the 1st rotavirus immunisation appointment as part of the assessment. A positive SCID result is exclusion in the updated national rotavirus vaccine PGD.

Process for documenting the NBBS results

1. Lancashire CHIS will be sending a weekly report via email advising us of our children's new-born blood spot screening results. This will be sent to Chorley.surgery@nhs.net and will be entitled 'NBBS results – urgent action required' or 'Blood Spot results for The Chorley Surgery'
2. Upon receipt the admin team should forward this email to the responsible person Claire.Corbishley@nhs.net (or in her absence Cheryl.Williams11@nhs.net)
3. The SCID results should be added to the patient notes via the template entitled 'New-born Blood Spot Screening', as soon as it is received by the responsible person/s so that they are available for the immuniser to view at the 8 week immunisation appointment, this should include babies that have moved out of the area. An alert

can be placed on the GP record if the result is SCID suspected or if a repeat is required

4. Immunisers should make all reasonable efforts to check the record for a SCID screening outcome before administering the Rotavirus vaccine
5. If SCID suspected, or the result of a repeat test is awaited, BCG vaccine and rotavirus vaccine should be deferred until you have sight of a letter from an immunologist saying that SCID has been excluded. This deferral does not include inactivated vaccines which can be given.
6. If SCID is not suspected, or SCID screening is declined or not offered, rotavirus vaccine should be administered at 8 weeks and 12 weeks of age. In the absence of an abnormal SCID screening result or if no result can be found, rotavirus vaccine should be administered at 8 weeks and 12 weeks of age.

For Information - Parents of babies investigated for SCID and GP practices will receive a direct communication from the immunology team to alert them that a child has a suspected or confirmed SCID diagnosis and this will include information on which vaccines should not be given.

Further information about the Rotavirus Vaccine and SCID New-born Evaluation can be viewed at

https://www.gov.uk/government/publications/rotavirus-vaccine-and-scid-newborn-screening-evaluation?utm_medium=email&utm_campaign=govuk-notifications&utm_source=fc53b560-5a37-4515-b962-c7d3a138bee1&utm_content=daily

https://www.gov.uk/government/collections/rotavirus-vaccination-programme-for-infants?utm_medium=email&utm_campaign=govuk-notifications&utm_source=a4cab65a-7780-4248-a445-bda25997143b&utm_content=daily

Appendix 1

Refusal to Consent to Childhood Vaccinations

Name of child _____

Child DOB _____

Name of Parent/Guardian _____

Name of Child's health care provider _____
has advised me that my child (named above) should receive the following vaccines:

When to Immunise	Diseases Protected Against	Declined (please tick)	Reason for decline
2 months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenza type b (Hib) + Hepatitis B (6 in 1) Rotavirus Meningitis B		
3 months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) + Hepatitis B (6 in 1) Prevenar Rotavirus		
4 months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) + Hepatitis B (6 in 1) Meningitis B		
12 months old	Haemophilus influenzae type b (Hib), Meningitis C Measles, Mumps, Rubella Prevenar Meningitis B		
Around 3 years 4 months or soon after	Diphtheria, tetanus, pertussis and polio. Measles, Mumps, Rubella		
Annual	Influenza		

I have read the World Health Organisation (Europe) "If you choose not to vaccinate your child, understand the risks and responsibilities" information leaflet explaining the importance of vaccinations. My child's health care provider has explained the following to me, and I understand the following:

- The purpose of the recommended vaccine(s)
- The risks of disease and the benefits and potential risks of the recommended vaccine(s)
- The possible consequence(s) of not allowing my child to receive the recommended vaccine(s) may include contracting the illness the vaccine intended to prevent and spreading the disease to others
- The Chorley Surgery strongly recommend that the vaccine(s) be given

My child's health provider has answered all of my questions.

I know that I may change my mind and accept vaccination for my child in the future.

I accept sole responsibility for any consequences that result from my child not being vaccinated.

I acknowledge that I have read this document in its entirety and fully understand it.

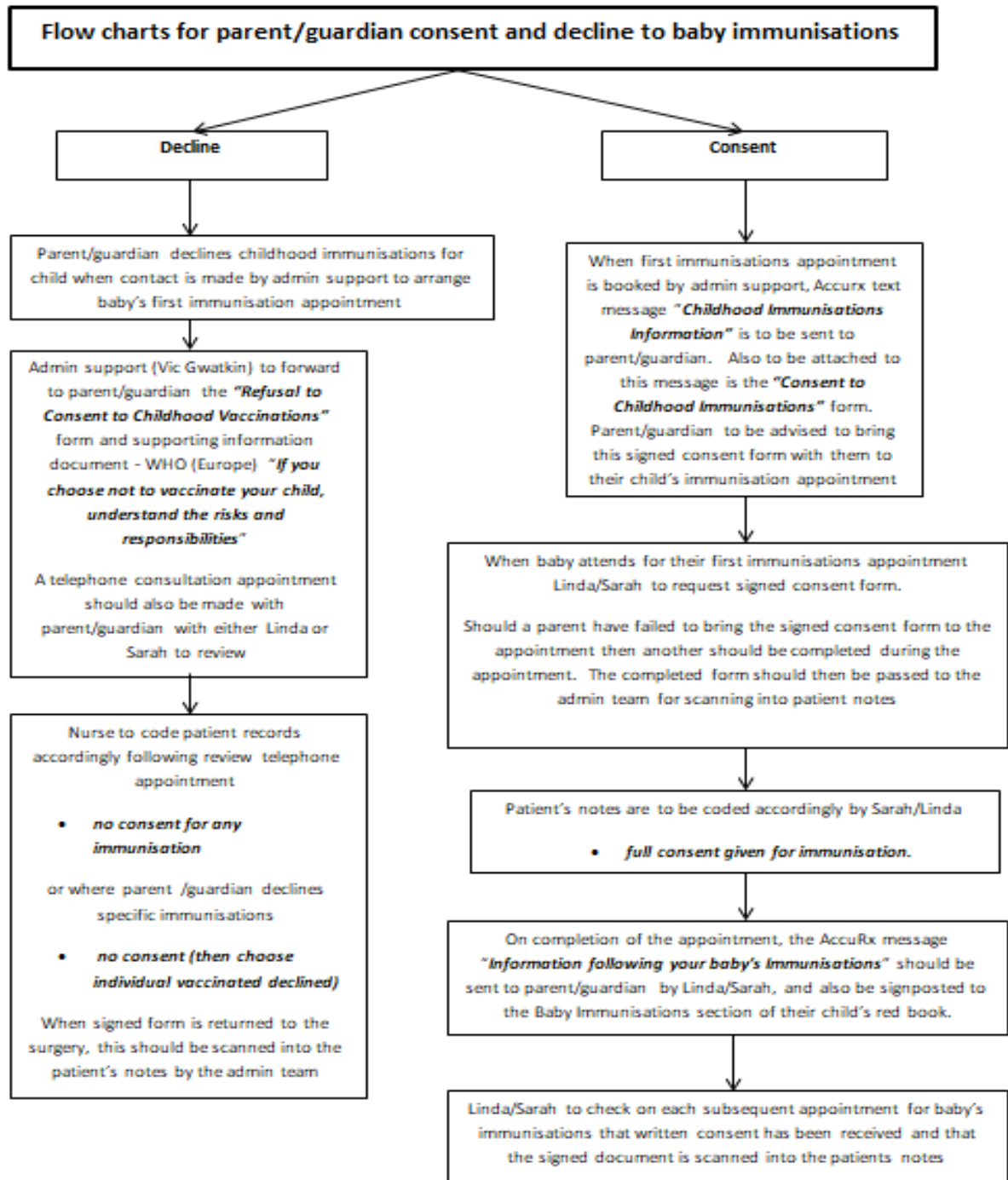
Parent/Guardian Signature

Date

Clinician Signature

Date

Appendix 2



Appendix 3 – Temporary Suspension letter

To the Parent/Guardian of
Name
Address1
Address2
Address3
Address4

Date

Dear

We encourage all parents/guardians to bring their children in for their routine vaccinations to keep them well and protected. You have now received *three invitations from the surgery to book in for your child's immunisations but you do not appear to have responded / did not attend three appointments for your child's immunisations. (*delete as appropriate)

Please be advised that your child will now be temporarily suspended from the Childhood Vaccination Programme for 3 months. However, if during this suspension you do wish to book your child an appointment for their immunisations, you are able to do this.

We know that some parents do not wish their child to receive their vaccinations. If this should be the case, please contact the surgery on 01257 513970 to advise us of this decision.

It maybe that you do wish your child to receive their vaccinations and that this may have just slipped your mind, if so, please contact the surgery to book your child in.

We have included with this letter the World Health Organisation information leaflet "If you choose not to vaccinate your child, understand the risks and responsibilities"

Kind regards

Nursing Team
The Chorley Surgery