

be completed before 24 weeks of age (preferably before 16 weeks)

#### IMPORTANT SAFETY INFORMATION

PUBLIC HEALTH ENGLAND: UPDATE TO GREEN BOOK (OCTOBER 2017)

Public Health England advises that immunisation with live vaccines should be delayed until 6 months of age in children born to mothers who received immunosuppressive biological therapy during pregnancy. In practice, this means that children born to mothers who were on immunosuppressive biological therapy during pregnancy will not be eligible to receive rotavirus vaccine.

- **CONTRA-INDICATIONS** History of intussusception · predisposition to intussusception · severe combined immunosuppression
- **CONTRA-INDICATIONS, FURTHER INFORMATION**
  - ▶ Immunosuppression With the exception of severe combined immunodeficiency (and children born to mothers who received immunosuppressive biological therapy during pregnancy, see *Important safety information*), rotavirus vaccine is not contra-indicated in immunosuppressed patients—benefit from vaccination is likely to outweigh the risk, if there is any doubt, seek specialist advice.
- **CAUTIONS** Diarrhoea (postpone vaccination) · immunosuppressed close contacts · vomiting (postpone vaccination)
- **CAUTIONS, FURTHER INFORMATION** The rotavirus vaccine virus is excreted in the stool and may be transmitted to close contacts; however, vaccination of those with immunosuppressed close contacts may protect the contacts from wild-type rotavirus disease and outweigh any risk from transmission of vaccine virus.
- **INTERACTIONS** → Appendix 1: live vaccines
- **SIDE-EFFECTS**
  - ▶ **Uncommon** Abdominal pain · gastrointestinal disorders
  - ▶ **Frequency not known** Apnoea · haematochezia
- **PATIENT AND CARER ADVICE** The rotavirus vaccine virus is excreted in the stool and may be transmitted to close contacts; carers of a recently vaccinated baby should be advised of the need to wash their hands after changing the baby's nappies.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Oral suspension

- ▶ **Rotarix** (GlaxoSmithKline UK Ltd)  
Rotarix vaccine live oral suspension 1.5ml pre-filled syringes | 1 unit dose [POM] £34.76
- ▶ Rotarix vaccine live oral suspension 1.5ml tube | 1 tube [POM] £34.76

Ⓢ 614

## Tick-borne encephalitis vaccine, inactivated

#### ● INDICATIONS AND DOSE

##### Initial immunisation against tick-borne encephalitis

- ▶ BY INTRAMUSCULAR INJECTION
- ▶ Child 1–15 years: 0.25 mL for 1 dose, followed by 0.25 mL after 1–3 months for 1 dose, then 0.25 mL after further 5–12 months for 1 dose, to achieve more rapid protection, second dose may be given 14 days after first dose, dose to be administered in deltoid region or anterolateral thigh in infants, in immunocompromised patients (including those receiving immunosuppressants), antibody concentration may be measured 4 weeks after second dose and dose repeated if protective levels not achieved

- ▶ Child 16–17 years: 0.5 mL for 1 dose, followed by 0.5 mL after 1–3 months for 1 dose, then 0.5 mL after further 5–12 months for 1 dose, to achieve more rapid protection, second dose may be given 14 days after first dose, dose to be administered in deltoid region, in immunocompromised patients (including those receiving immunosuppressants), antibody concentration may be measured 4 weeks after second dose and dose repeated if protective levels not achieved

#### Immunisation against tick-borne encephalitis, booster doses

- ▶ BY INTRAMUSCULAR INJECTION
- ▶ Child 1–17 years: First dose to be given within 3 years after initial course completed and then every 3–5 years, dose to be administered in deltoid region or anterolateral thigh in infants (consult product literature)

#### ● SIDE-EFFECTS

- **Common or very common** Restlessness · sleep disorder
- ▶ **Uncommon** Chills · gastrointestinal discomfort
- ▶ **Rare or very rare** Asthenia · dyspnoea · encephalitis · eye pain · gait abnormal · hyperhidrosis · influenza like illness · meningism · motor dysfunction · musculoskeletal stiffness · nerve disorders · oedema · pain · seizures · sensory disorder · tinnitus · vertigo · vision disorders
- **ALLERGY AND CROSS-SENSITIVITY** Individuals with evidence of previous anaphylactic reaction to egg should not be given tick-borne encephalitis vaccine.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Suspension for injection

EXCIPIENTS: May contain Gentamicin, neomycin

- ▶ **TicoVac** (Pfizer Ltd)  
TicoVac Junior vaccine suspension for injection 0.25ml pre-filled syringes | 1 pre-filled disposable injection [POM] £28.00
- ▶ TicoVac vaccine suspension for injection 0.5ml pre-filled syringes | 1 pre-filled disposable injection [POM] £32.00

Ⓢ 614

## Varicella-zoster vaccine

#### ● INDICATIONS AND DOSE

##### VARILRIX®

##### Prevention of varicella infection (chickenpox)

- ▶ BY SUBCUTANEOUS INJECTION
- ▶ Child 1–17 years: 0.5 mL every 4–6 weeks for 2 doses, to be administered into the deltoid region or anterolateral thigh

##### VARIVAX®

##### Prevention of varicella infection (chickenpox)

- ▶ BY SUBCUTANEOUS INJECTION, OR BY INTRAMUSCULAR INJECTION
- ▶ Child 1–12 years: 0.5 mL for 2 doses, interval of at least 4 weeks between each dose, to be administered into the deltoid region (or higher anterolateral thigh in young children)
- ▶ Child 13–17 years: 0.5 mL for 2 doses, interval of 4–8 weeks between each dose, to be administered preferably into the deltoid region

##### Prevention of varicella infection (chickenpox) in children with asymptomatic HIV infection

- ▶ BY SUBCUTANEOUS INJECTION, OR BY INTRAMUSCULAR INJECTION
- ▶ Child 1–12 years: 0.5 mL for 2 doses, interval of 12 weeks between each dose, to be administered into the deltoid region (or higher anterolateral thigh in young children)

- **CAUTIONS** Post-vaccination close contact with susceptible individuals