### Workshop 6 - Online





## Vaccine catch-up: The incoming migrant family

### **Catherine Keil**

Nurse Practitioner specialising in travel health and immunisations in Travel Health, Adelaide 14:30

# • VACCINE CATCH UP: • THE INCOMING MIGRANT FAMILY

# WORKSHOP

CATHERINE KEIL

NURSE PRACTITIONER

(THANK YOU TO LYNNE ADDLEM FOR PROVISION OF SLIDES)

# CASE STUDY

•A family of 4 visits your clinic. They have recently migrated to Australia from India where both the parents and their two children were born.

The family consists of-•Father, 38yrs, Plumber

- Nil medical conditions/Allergies/Medications

•Mother, 32yrs, Homemaker

- Thyroid dysfunction on Thyroxine
- Nil allergies or other medications

Child A, Female 3.5 yrs, DOB: 20/03/2020
Nil medical conditions/Allergies/Medications

•Child B, Male 14months, DOB: 11/5/2022

- Egg anaphylaxis, carries Epipen
- Nil other medical conditions/medications

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# CASE STUDY

 The family have visited the clinic today as they are looking to enroll child A into kinder and child B into childcare. They have been informed that the children require their vaccination records to be uploaded onto the Australian Immunisation Register and a certificate provided to allow for enrollment.

 According to the parents, both children have been vaccinated as per the Indian immunisation schedule, they have provided stamped and dated vaccination cards.

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•HIB

•IPV

•DTwP

•Hepatitis B

Child A

21/3/2020

•Oral Polio

4/5/2020 (6 weeks)

•BCG

•Hep B

Pneumococcal

•Rotavirus

1/6/20 (10 weeks) •DTwP

•HIB

O•IPV

•Hepatitis B

Pneumococcal

### **2/7/20 (14weeks)** DTwP

HIB

**IMMUNISATION HISTORY** 

IPV Rotavirus

**25/09/2020 (6 months)** Oral Polio Hepatitis B

18/12/2020 (9 months) Oral Polio MMR

23/3/2021 (12 months) Hepatitis A

**30/6/2021 (15 months)** MMR Varicella Pneumococcal

**25/09/2021 (18 months)** HIB IPV Hepatitis A Typhoid

### Child B

### 11/05/2022

- BCG
- Hepatitis B
- Polio

### 23/6/2022 (6 weeks)

- DTP/HepB/IPV/HIB
- Oral Polio
- Pneumococcal
- Rotavirus

### 23/7/2022 (10 weeks)

- DTP/HepB/IPV/HIB
- Pneumococcal
- Rotavirus

• 22/8/2022 (14 weeks)

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- DTP/HepB/IPV/HIB
- Oral Polio
- 15/02/2023 (9 months)
- Measles
- Oral Polio
- 13/05/2023 (12 months)
- Hepatitis A
- Pneumococcal

# CONSIDERATIONS

•How would you approach this situation?

•What resources are available to help you develop a catch-up vaccination plan for the children?

•Are there any investigations you should consider before recommending a vaccination plan?

•What conversations and/or investigations should you consider having with the father? He is planning to pursue a career in Plumbing in Australia

•Should any investigations or vaccines be considered for the Mother? The family are considering further children in the future.

### • What do you recommend for:

- Father
- Mother
- Child A, 3.5yrs
- Child B, 14 months

 Should you consider vaccinating at your clinic or referring to a vaccination center, or both?

• Who is provided with free vaccines in Australia?

# ANSWERS

### **Child A- Catch up recommendations**

•Due Now- DTP/IPV, MMR, Meningococcal ACWY

- Consider that 4yo Infanrix IPV is able to be given from 3.5yrs of age, this will rule out needing to give 18m dose of Infanrix.
- Early MMR given at 9 months does not count as dose one as <12m of age. A 3<sup>rd</sup> dose is required.
- Some countries give multiple doses of polio. AIR will not accept dose given at birth.
- AIR will also not accept HIB dose 3 when given at 14 weeks of age as too young. Contact AIR to accept this.

# ANSWERS

### **Child B- Catch up recommendations**

•Due now- MMR, Hepatitis B booster, Meningococcal ACWY

- Consider- 9 month dose of Measles does not count as valid dose
- Hepatitis B dose 3 given too early at 14 weeks, minimum age is 24 weeks and minimum 8 weeks post dose 2
- HIB dose 3- AIR likely to reject as given <6 months of age. This needs to be cleared by contacting AIR. Is
  valid dose</li>

•Due at 18 months

- MMRV, HIB, DTPa

•Due at 4yrs

- DTPa-IPV

• Father

• Consider Hepatitis A and B serology and vaccines if required

• Consider dTpa booster

### • Mother

• Consider measles/rubella serology and vaccines if required

• Consider dTpa booster

How would you approach this situation?

- Take a slow approach
- Use available resources to assist
- Some histories can be difficult to read, transcribe dates onto another document

What resources are available to help you develop a catch-up vaccination plan for the children?

- Immunisation Catch-up calculator
- Catch up worksheet
- Immunisation hotline
- RCH immunisation service

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•Are there any investigations you should consider before recommending a vaccination plan?

- Not usually
- If a child has none or an incomplete history and parents are confident of full immunisation status consider serology
  - O MMRV, Hepatitis B SAb
  - AIR natural immunity exemption
  - All other serology unreliable and not acceptable

•Should you consider vaccinating at your clinic or referring to a vaccination center, or both?

- Any vaccination provider can complete catch-up vaccination
- However, its ok to ask advice or for help
- Who is provided with free vaccines in Australia?
  - Children <19yrs of age are provided with free catch-up vaccination
  - Refugees and humanitarian entry vias's are provided with free catch-up vaccination

# CONSIDERATIONS

•How closely did your answers align with the case study's response?

•Are there any key differences, and if so, how do you think those differences might impact the outcomes?

•Are there any changes you would make to your answers above?

Afternoon Break 15:15 – 15:30

# Panel Discussion starts at 15:30





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