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Vaccine catch up: a practical approach  
to migrant families and the partially  
vaccinated patient

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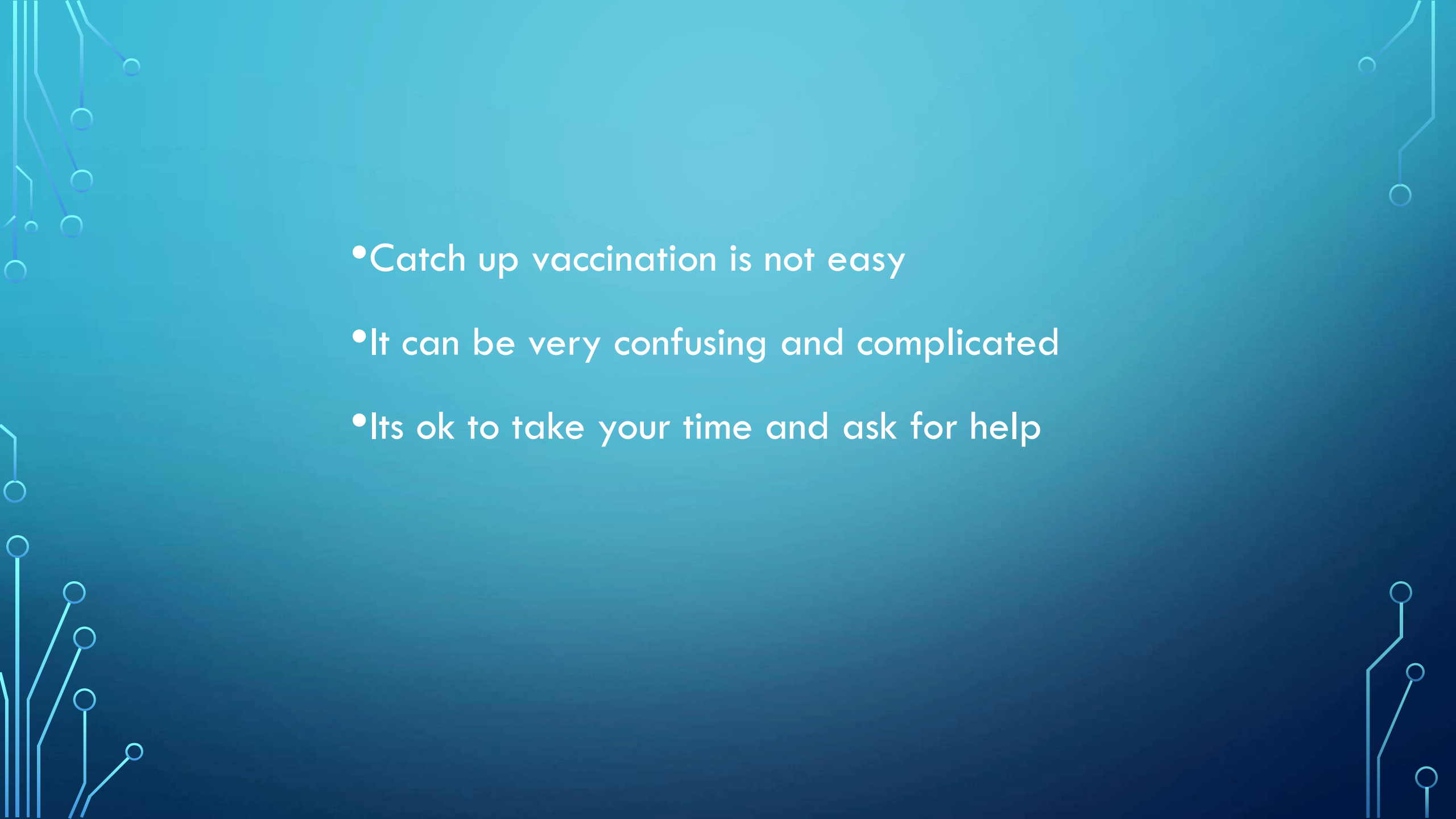
# VACCINE CATCH UP: A PRACTICAL APPROACH TO MIGRANT FAMILIES AND THE PARTIALLY VACCINATED PATIENT

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- The background is a dark teal gradient. In the corners, there are decorative white line-art patterns resembling circuit boards or neural networks, with lines connecting to small circles.
- Catch up vaccination is not easy
  - It can be very confusing and complicated
  - Its ok to take your time and ask for help



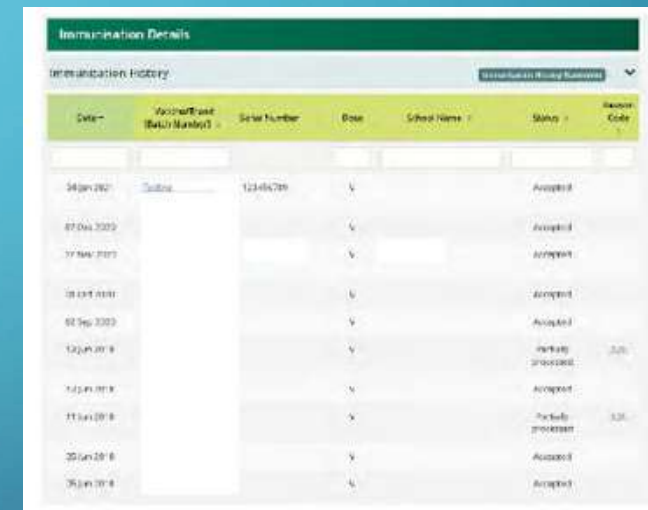
# HOW TO APPROACH

- Be methodical
- Transcribe vaccines and dates onto catch up worksheet
  - This will make it clearer
- Keep minimum intervals and age limits in mind
- Ask families to have it translated, government services are available
- Majority of countries have a relatively similar schedule to Australia
  - Timing may be different or less antigens vaccinated against.



# CATCH UP VACCINATION- COMMON THEMES

- Scheduled vaccines given <6 weeks of age, are not valid doses.
- Hepatitis B- Birth + 2 schedule
  - AIR will accept as valid.
  - 3<sup>rd</sup> dose must be >24 weeks of age, if not, booster required
- Oral Polio
  - AIR will not accept birth dose
  - SE Asian countries may give many doses of oral Polio
- Vaccination schedule 2, 3, 4 months
  - This is ok for DTP/IPV/HIB
  - AIR may not accept 3<sup>rd</sup> HIB given <6 months of age
    - A phone call to AIR will rectify this, it is a valid dose
  - 3<sup>rd</sup> dose of Hepatitis B must be >24 weeks of age, minimum 8 weeks post dose 2.



Date	Vaccine Name (Batch Number)	Serial Number	Dose	School Name	Status	Action Code
04 Jan 2010	Polio	123456789	V		Accepted	
07 Oct 2009			V		Accepted	
17 Nov 2009			V		Accepted	
18 Oct 2009			V		Accepted	
01 Sep 2009			V		Accepted	
12 Jun 2009			V		Not in program	320
14 Jun 2009			N		Accepted	
11 Jun 2009			V		Not in program	320
20 Jun 2009			V		Accepted	
25 Jun 2009			N		Accepted	

# CATCH UP VACCINATION- COMMON THEMES

- Measles or Measles/Rubella dose 1 given at 9 months of age
  - This does not count as a valid dose
  - Children must have 2 doses of an MMR vaccine >12 months of age
- Meningococcal A/C or A
  - Common in China
  - Meningococcal ACWY is required for children born after July 2018
  - Offer a dose of ACWY to all newly arrived children, if not had.
  - Meningococcal is not on many SE Asian schedules
- Pneumococcal
  - Ensure one dose given >12 months of age in children <5yrs



# REFUGEES- WHAT IF THERE IS NO HISTORY?

- Majority of families will have come through correct channels
  - Health screening done on arrival
  - Vaccines may have been completed off shore
- If not, consider referral to immigrant health service
- Has the child been vaccinated previously?
  - Yes- Serology- MMRV, Hepatitis B
  - No or unsure- Start over
  - Repeated doses of vaccines will not cause harm



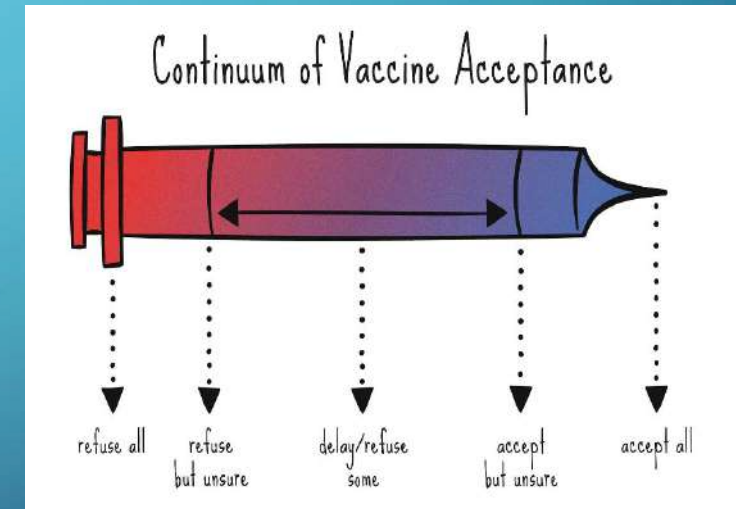
# THE PARTIALLY VACCINATED CHILD- HESITANCY

- It's ok to have questions about vaccination
  - Don't judge or berate the parent
  - Do not tell them it's the NIP or nothing
  - Do not force vaccination on the family
  - Don't send them away with no information
- Be open to having a conversation about vaccines and the national schedule
  - It's ok not to be an expert, be open with the family
  - If you're not sure, look at available resources
  - If there are a lot of questions refer on to tertiary service
    - RCH Immunisation Service (VIC only)
    - Monash Immunisation Service (VIC only)



# HESITANCY RESOURCES

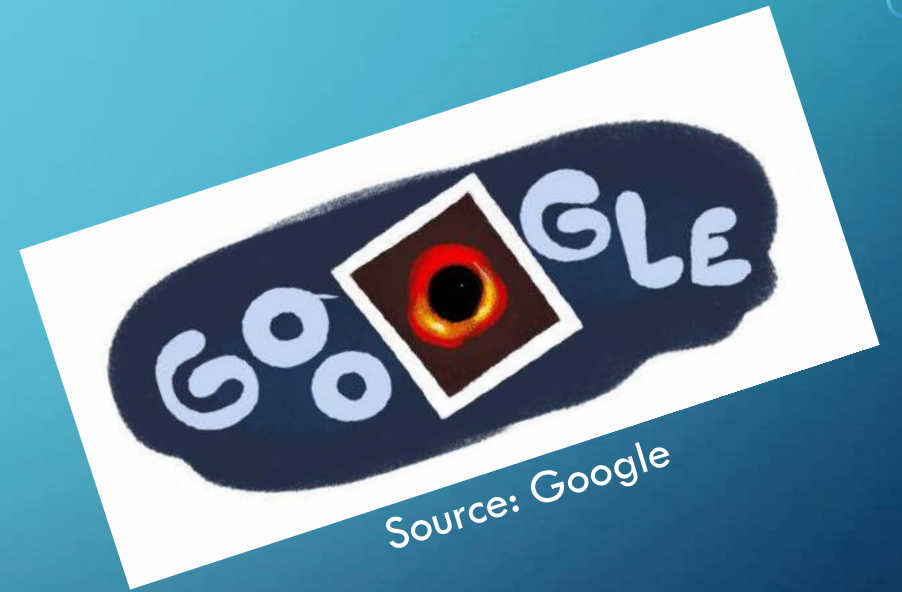
- Melbourne Vaccine Education Centre-  
<https://mvec.mcri.edu.au/>
- National Centre for Immunisation Research and Surveillance  
<https://ncirs.org.au/>
- Sharing Knowledge about Immunisation  
<https://skai.org.au/>
- Children's Hospital of Philadelphia- Vaccine Education Centre  
<https://www.chop.edu/centers-programs/vaccine-education-center>
- Question's about Vaccination Booklet- Australian Govt Publication
  - <https://www.health.gov.au/resources/publications/questions-about-vaccination?language=en>



<https://coronavirus.jhu.edu/vaccines/report/building-trust-in-vaccination>

# VACCINE HESITANCY- COMMON THEMES

- Multi-generational views
  - Marriage to pro-vaccination partner – conflict
- Older children who are fully vaccinated
  - One child diagnosed with ASD
  - Further children partially or not vaccinated
- An adverse event that was not reported or followed up correctly
  - Parents stopped vaccinating out of fear
- Parental Anxiety
- Too much research



Source: Google

# CATCH UP OF THE PARTIALLY VACCINATED CHILD

- Use AIR as a guide
- Look at what is due and how you can group vaccines together
- Use catch up calculator
- Most children will have had scheduled vaccines before stopping
  - Continue on with schedule
  - Remember required spacings
    - Particularly 6 months between dose 3 and 4 of DTPa



The screenshot shows a 'Due Details' table with three columns: Disease, Dose, and Due Date. The table lists several diseases and their corresponding doses and due dates.

Disease	Dose	Due Date
Diphtheria	4	25 Oct 2017
Measles	2	
Mumps	2	
Poliovirus	4	
Rotella	2	
Tetanus	4	
Varicella	1	
Poliomyelitis	4	25 Apr 2020

# INFANRIX HEXA™/VAXELIS™ TO SPLIT OR NOT?



- One of the most common questions
- Why it is not recommended to split out the vaccine
  - Go from 1 vaccine 3 times to 4 vaccines 3 times..  
DTP/IPV/HEPB/HIB
  - Each additional vaccine carries with it
    - Pain from vaccination
    - Additional additives and preservatives
    - Possible risk of side effects with each vaccine

# TIPS FOR GAINING PARENTAL CONFIDENCE

- Ways to minimise a schedule- if this is parental preference
  - Age dependent
- Note: This isn't an option if childcare/payments needed is needed
- 1 dose of Prevenar 13 after 12 months
- 2 doses of Hib after 12 months or 1 after 18 months
- Offer blood test after first MMR- if immune to all 3, immunity exemption to AIR
- Remove 18-month dose of DTPa and give 4yo dose of DTP/IPV at 3.5yrs

# EXAMPLE OF AN ALTERNATIVE SCHEDULE UNVACCINATED CHILD 3 YRS OLD

- Visit 1- Now- Infanrix Hexa
- Visit 2- 2 weeks- Prevenar 13 (optional)
- Visit 3- 2 weeks- MMR
- Visit 4- 2 weeks- Infanrix Hexa
- Visit 5- 2 weeks- Nimenrix
- Visit 6- 2 weeks- MMRV
- Visit 7- 4 weeks- Infanrix Hexa
- Visit 8- 6 months post 7- Infanrix IPV

## Considerations:

- Ensure spacing is correct at each visit
- Parents/providers can become confused and this leads to errors
- Good distractive play will be required





# CONSIDERATIONS

- An alternative schedule is ok
- Completing one vaccine at a time is acceptable
- Confidence in vaccination should grow as they move through the schedule
- Take each vaccine given as a win

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Thankyou for listening.

Please feel free to contact me

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