



# WINTER NEWSLETTER

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## IEI MISSION STATEMENT:

The **Immunization Education Initiative** (IEI) is a national group of nurses partnering with other immunization supporters, who educate about the importance of immunization to enhance the health of Canadians.



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## MANAGING IMMUNIZATION ANXIETY IN ADULTS:

Approximately 1 in 4 adults suffers from immunization anxiety. And nearly 1 in 10 have severe anxiety. Immunization anxiety can prevent adults from getting the vaccinations they need to stay healthy. Immunization anxiety may be mild, but in some cases it may be so severe that individuals can faint or hyperventilate.

Many factors can contribute to immunization anxiety, including:

- ▶ concerns about vaccination safety or effectiveness
- ▶ negative experiences with vaccines in the past (or experiences of friends and family), such as pain or adverse reactions
- ▶ watching other people get vaccinated
- ▶ seeing a needle, especially a large needle

Fortunately, there are many things that can be done to manage immunization anxiety:

- ▶ Address fears and concerns about immunization. There are many myths and misconceptions about vaccination, and helping to debunk these may reduce anxiety.
- ▶ Make the process as comfortable as possible:
  - ▷ minimize long waiting times and other hassles that may occur before immunization
  - ▷ make the room warm, comfortable, and as private as possible
  - ▷ prepare immunizations out of view of the person
  - ▷ allow the person to sit while they are being immunized
- ▶ Offer empathy and reassurance.
- ▶ If the person hyperventilates, have them breathe into a paper bag.

Taking a few simple steps can help reduce immunization anxiety in adults and encourage them to get the vaccinations they need.



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## CHILDHOOD VACCINE CONTRAINDICATIONS AND PRECAUTIONS

“Can my child receive this vaccine?” is a common question from parents whose children have an acute illness, have a medical condition, or are taking certain medications. Here is an overview of general contraindications and precautions for childhood vaccines, along with information on specific situations.

### GENERAL GUIDELINES

**Contraindications:** A childhood vaccine is contraindicated if the child had a serious (i.e., anaphylactic) allergic reaction to a previous dose of the vaccine or any of its ingredients.

**Precautions:** Caution is warranted if the child has a moderate or severe acute illness (with or without fever). Once the child is recovering and no longer acutely ill, they can be vaccinated.

#### Vaccines can be given if:

- ✓ the child has a mild illness (with or without fever)
- ✓ the child had a mild to moderate injection-site reaction (such as swelling, redness, or aching at the site of injection) to a previous dose of the vaccine
- ✓ the child had a low-grade or moderate fever after a previous dose of the vaccine
- ✓ the child is recovering from an acute illness (such as a cold) and is no longer acutely ill
- ✓ the child has a history of penicillin allergy
- ✓ the child is getting immunotherapy (with allergen extract; i.e., allergy shots)

### SPECIFIC SITUATIONS

**Breast-feeding:** Children who are breast-feeding can receive all childhood vaccines, provided they do not have any contraindications.

**Prematurity:** Premature babies can receive most childhood vaccines, with a few notes:

- ✓ hepatitis B vaccine:
  - ▷ babies who weigh 2000 g or less and have hepatitis B-negative mothers should have their first dose delayed until 1 month after birth or leaving the hospital

- ▷ babies who weigh 2000 g or less and have hepatitis B-positive mothers should receive one dose at birth, then another 3 doses starting at 1 or 2 months of age, for a total of 4 doses (instead of the usual 3)
- ✓ rotavirus vaccine: premature babies can receive this vaccine if they are at least 6 weeks old, clinically stable, and out of the hospital
- ✓ the respiratory syncytial virus (RSV) antibody (palivizumab) is recommended for babies:
  - ▷ born at 32 weeks of gestation or earlier who will be 6 months of age or younger during RSV season (fall through spring)
  - ▷ born at 32 to 35 weeks of gestation in isolated communities

The RSV antibody is also recommended for children 2 years of age and younger with congenital heart disease, or with bronchopulmonary dysplasia (BPD; a lung disorder) and needing oxygen or medical therapy.

- ✓ Childhood vaccines for premature babies are given based on their chronological age, at the same doses as babies born at full term.

**Antimicrobial use** (e.g., antibiotics, antivirals): Children on antimicrobials can receive most childhood vaccines, with the following notes:

- ▷ live attenuated flu vaccine (FluMist<sup>®</sup>, a nasal spray flu vaccine that is available in the United States) should not be given until 48 hours after flu antivirals are stopped, and flu antivirals should not be used for 2 weeks after receiving the vaccine
- ▷ herpes drugs (e.g., acyclovir, valacyclovir) should be stopped at least 24 hours before the varicella (chickenpox) vaccine

**Asplenia (no functioning spleen):** Children without a functioning spleen can receive all childhood immunizations.

**Immunosuppression (weakened immune system):** Live attenuated flu vaccine (currently available only in the United States) and MMR vaccine are contraindicated. For rotavirus vaccine, the benefits and risks must be weighed. Varicella vaccine may be used for some types of immune system problems but not for others.

**Heart conditions:** Children with heart conditions can receive all childhood vaccines except live attenuated flu vaccine (currently available only in the United States).



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## VACCINE TRUTHS

- ▶ You can receive a vaccine if you have a relative (e.g., parents, siblings) who had an anaphylactic reaction to it.
- ▶ Chickenpox is not a harmless disease. In some cases, it can lead to serious complications, including hospitalization and death. While people may still get chickenpox after receiving the vaccine, it is more likely to be mild.
- ▶ Having the regular seasonal flu shot does not put a person at risk of severe disease from the H1N1 flu.
- ▶ The H1N1 vaccine *can* be given at the same time as the seasonal flu shot, just in opposite arms.

## IMMUNIZATION BY THE NUMBERS

- ▶ The chickenpox vaccine is 70% to 90% effective against typical chickenpox infections, and 95% effective against severe chickenpox infections.
- ▶ Each year, the seasonal flu causes between 2000 and 8000 deaths in Canada.
- ▶ People should wait 15 minutes in the doctor's office or clinic before going home after receiving a vaccine so that they can be observed for possible vaccine reactions.

## H1N1 FAQ

There is a great deal of information—and misinformation—on H1N1. Here are the facts behind some frequently asked questions about the H1N1 vaccine:

### I've had the H1N1 vaccine—when will I be protected?

The time to protection varies between people, but most will have protection 10 to 14 days after receiving the vaccine.

### I think I've already had H1N1. Does that mean I don't need the shot?

It's still recommended that you get the H1N1 vaccine even if you may have had H1N1, unless your case was confirmed by laboratory testing. In most cases, clinics and hospitals do not do lab tests for H1N1 and the diagnosis is made based on symptoms. Therefore, you cannot know for sure whether you have had H1N1 or a different influenza virus strain, so you should still have the vaccine. There is no increased risk for side effects from the vaccine if you did have H1N1.

### Why does the vaccine contain an adjuvant? Is the adjuvant safe?

An adjuvant is an ingredient that boosts your immune system's reaction to a vaccine. The H1N1 vaccine adjuvant helps give stronger and quicker protection from H1N1. The adjuvant used in the H1N1 vaccine has been tested in tens of thousands of people with no major safety issues.

### I'm pregnant. Should I have the H1N1 shot?

#### Which one should I get—adjuvanted or unadjuvanted?

Yes, the H1N1 shot is recommended for pregnant women because they are at a higher risk of ending up in the hospital with a severe H1N1 infection. In general, pregnant women should get one dose of the unadjuvanted vaccine. If the unadjuvanted vaccine is not available and rates of H1N1 are high in the community, pregnant women with chronic medical conditions (such as asthma, diabetes, or heart disease) or women more than 20 weeks pregnant should get one dose of the adjuvanted vaccine.

### How many doses of H1N1 vaccine does my child need?

Children over 6 months but less than 3 years should receive 2 half-doses of the adjuvanted vaccine, given at least 21 days apart. Healthy children aged 3 to 9 years should have one half-dose of the adjuvanted vaccine. Children aged 3 to 9 years with chronic medical conditions should get 2 half-doses of adjuvanted vaccine, given at least 21 days apart. Healthy children aged 10 and older should get a single dose of either the adjuvanted or unadjuvanted vaccine. Children aged 10 and older with weakened immune systems should receive one dose of adjuvanted vaccine.



## IMMUNIZATION “CATCH-UPS”

It's important to keep immunizations up-to-date. Here are a few guidelines for people with incomplete immunization records, such as newcomers to Canada:

- ▶ The first step is to decide whether to repeat some or all of the person's immunizations. This is a matter of the health care worker's clinical judgment.
- ▶ In some cases, blood tests may be used to determine whether a person has been immunized.
- ▶ If the immunization record is in doubt, especially if there is no written record, the immunizations should be repeated.

If immunizations need to be repeated, the following catch-up schedules are recommended by the Public Health Agency of Canada:

### For children under 7:

- ✓ first visit: DTaP-IPV (diphtheria, tetanus, acellular pertussis, and inactivated polio vaccine), Hib (haemophilus influenzae type B conjugate vaccine), MMR (measles, mumps, rubella), varicella (chickenpox), HB (hepatitis B), Pneu-C-7 (pneumococcal conjugate vaccine-7-valent), and Men-C (meningococcal C conjugate vaccine)
- ✓ 2 months later: DTaP-IPV, (Hib)\*, MMR, HB, (Pneu-C-7), (Men-C)
- ✓ 2 months later: DTaP-IPV, (Pneu-C-7)
- ✓ 6–12 months later: DTaP-IPV, (Hib), HB
- ✓ 4–6 years of age: (DTaP-IPV)
- ✓ 14–16 years of age: Tdap (diphtheria, tetanus, acellular pertussis vaccine—adult/adolescent formulation)

\*Items in brackets mean that the vaccine may not be needed, depending on the age of the child.

### For children aged 7–17 years:

- ✓ first visit: Tdap, IPV (inactivated polio vaccine), MMR, varicella, HB, Men-C
- ✓ 2 months later: Tdap, IPV, MMR, (varicella), (HB)
- ✓ 6–12 months later: Tdap, IPV, HB
- ✓ 10 years later: Tdap

### For adults (age 18 and over):

- ✓ first visit: Tdap, MMR, varicella, (Men-C), (Pneu-C-23: pneumococcal polysaccharide-23-valent), (influenza)
- ✓ 2 months later: Td (diphtheria and tetanus vaccine), (MMR), varicella, (Pneu-C-23), (influenza)
- ✓ 6–12 months later: Td, (Pneu-C-23), (influenza)
- ✓ 10 years later: Td, (Pneu-C-23), (influenza)

People receiving catch-up immunizations should keep a written immunization record to avoid the need for re-vaccination and to help schedule future immunizations.

## IMMUNIZATION NEWS

The United Kingdom's National Autistic Society has issued a position statement which states: “We recognize that the weight of epidemiological evidence indicates that there is no statistically significant link between the MMR vaccine and autism.”

Visit <http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=1914&a=17709> to view the position statement.

## INTERESTED IN BECOMING A NURSE SPEAKER?

Contact the IEI for more information!

Don't forget to visit the IEI website at [www.immunizationeducation.ca](http://www.immunizationeducation.ca)!

To stay informed on immunization news, bookmark or make [www.immunizationeducation.ca](http://www.immunizationeducation.ca) your home page.

IEI Nurse Speakers are available to provide education sessions for your group or organization of health care professionals.

There are several presentations to choose from: *Administration Techniques, Communication Strategies, Immunology/Vaccinology, Immunization Overview, and Influenza.*

Each session takes about 1½ hours and light refreshments are provided.

**Best of all, there is no cost to your group!**

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